



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

FEUER, Donald S.

Serial No.: 09/479,736

Filed: 01/07/2000

METHOD AND APPARATUS FOR
INTERFACING A PUBLIC SWITCHED
TELEPHONE NETWORK AND AN
INTERNET PROTOCOL NETWORK FOR
MULTI-MEDIA COMMUNICATION

Docket No.: 36087 (CEN2-BH43)

Confirmation No. :

RECEIVED

Group Art Unit No.: 2662

SEP 08 2005

Customer No.: 23589

OFFICE OF PETITIONS

Examiner: PEZZLO, John

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith are: Transmittal (1 page); Request for Reconsideration (2 pages); Showing of Delay to Accompany Request for Reconsideration (5 pages); **Revocation of Power of Attorney** (2 pages); Exhibit A (98 pages); Exhibit B (11 pages); Exhibit C (41 pages); Exhibit D (4 pages); Exhibit E (11 pages); and return postcard.

EV 722668144 US

Express Mail No.

Respectfully submitted,

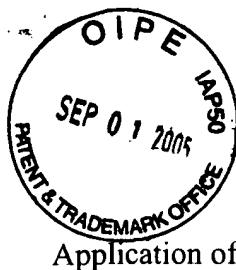
HOVEY WILLIAMS LLP



Thomas B. Luebbering, Reg. No. 37,874
HOVEY WILLIAMS LLP
2405 Grand Boulevard, Suite 400
Kansas City, Missouri 64108
816/474-9050

ATTORNEYS FOR APPLICANT

BEST AVAILABLE COPY



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

FEUER, Donald S.

Serial No.: 09/479,736

Filed: January 7, 2000

METHOD AND APPARATUS FOR
INTERFACING A PUBLIC SWITCHED
TELEPHONE NETWORK AND AN
INTERNET PROTOCOL NETWORK FOR
MULTI-MEDIA COMMUNICATION

Docket No. CEN2-BH43 *1021*

Group Art Unit No.: 2662

Examiner: PEZZLO, John

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SEP 08 2005

OFFICE OF PETITIONS

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR RECONSIDERATION

Petitioner respectfully requests reconsideration of a previously filed April 1, 2005, petition to revive an unavoidably abandoned application. The petition was dismissed by USPTO Attorney John Gillon in a decision dated August 12, 2005 for failing to satisfy the showing requirement for the entire period of abandonment. However, all other elements required to revive the above-referenced application as previously submitted were satisfactory.

Petitioner includes herewith additional evidence, attached hereto in a Showing of Delay and Exhibits A through E, to satisfy the showing requirement for unavoidable delay and revive the above-referenced application as provided in 37 C.F.R. 1.137(a) and (e). Further, this Request is timely as it is filed within two months of the August 12, 2005, dismissal. Thus, Petitioner respectfully requests that the above-identified application be revived, examined, and issued.

Should any questions remain, please do not hesitate to contact the undersigned at 1-800-445-3460. No fee is due in connection with this Request as the petition fee was previously paid by the Petitioner. However, any fees which may be due in connection with this Request should be applied against our Deposit Account No. 19-0522.

Request for Reconsideration

Application No: 09/479,736

August 31, 2005

Respectfully submitted,

HOVEY WILLIAMS LLP

By:

Thomas B. Luebbering
2405 Grand Boulevard, Suite 400
Kansas City, Missouri 64108
(816) 474 - 9050

ATTORNEYS FOR PETITIONER



BY THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

FEUER, Donald S.

Serial No.: 09/479,736

Filed: January 7, 2000

METHOD AND APPARATUS FOR
INTERFACING A PUBLIC SWITCHED
TELEPHONE NETWORK AND AN
INTERNET PROTOCOL NETWORK FOR
MULTI-MEDIA COMMUNICATION

Docket No. CEN2-BH43

Group Art Unit No.: 2662

Examiner: PEZZLO, John

RECEIVED

SEP 08 2005

OFFICE OF PETITIONS

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SHOWING OF DELAY TO ACCOMPANY REQUEST FOR RECONSIDERATION

The following showing of unavoidable delay accompanies a Request for Reconsideration. Exhibits A through E are also included herewith as evidence. This showing is signed below by the Petitioner, Mr. Donald S. Feuer, as presenter of the following facts.

1. Petitioner's unavoidable delay in prosecuting the application from the date of abandonment, May 12, 2003, to July 2004, was the result of prolonged, serious, and debilitating illness. Specifically, Petitioner suffered from a severe form of Crohn's disease, which prevented Petitioner from engaging in any form of mental or physical activity, such as employment, leisure activity, or providing information and documents to his agents or attorneys regarding the above-referenced application.

(A) Exhibit A evidences Petitioner's multiple hospitalizations and other medical treatments in 2002 for Crohn's disease. Specifically, Exhibit A includes hospital bills and insurance documents evidencing the serious and extensive treatment Petitioner received in June, July, August, September,

Showing of Delay to Accompany Request for Reconsideration
Application No. 09/479,736
August 31, 2005

and October of 2002 as a result of Crohn's disease.

(B) Exhibit B evidences Petitioner's continued treatment for Crone's disease from early 2003 to June 2003.

(I) Exhibit B includes hospital bills and insurance documents evidencing treatment on February 17, 2003, February 27, 2003, March 20, 2003, April 18, 2003, and May 29, 2003.

(ii) Additionally, from July 2002 through May 2003, Petitioner was in constant pain and discomfort as a result of Crohn's disease and associated treatments and medications, thereby further preventing Petitioner from working with his counsel to respond to the February 12, 2003, Office Action or otherwise engage in extended physical or mental activities.

(iii) Exhibit B demonstrates that at the time of abandonment of the above-referenced application, Petitioner was unable to furnish a reply to the outstanding Office Action due to serious physical illness.

(C) Exhibit C evidences Petitioner's continued treatment and multiple hospitalizations for Crohn's disease from September 2003 through December 2003.

(I) It should be appreciated that from the May 29, 2003, treatment evidenced in Exhibit B and the September 2003 treatment evidenced in Exhibit C, that Petitioner was in constant pain and discomfort as a result of Crohn's disease and associated treatments and medication and therefore was unable to respond to the outstanding Office Action or otherwise engage in demanding or extended mental or physical activities such as employment.

Showing of Delay to Accompany Request for Reconsideration
Application No. 09/479,736
August 31, 2005

- (ii) Exhibit C evidences home healthcare provided throughout September and October 2003, a September 2003 hospitalization, an October 2003 emergency room visit, and an extended November 2003 hospitalization for Crohn's disease.
 - (iii) Exhibits B and C evidence that from the time of abandonment of the above-referenced application until late December 2003, Petitioner was unable to furnish a reply to the outstanding Office Action due to serious physical illness.
- (D) Exhibit D evidences Petitioner's continued treatment for Crohn's disease from January 2004 through April 2004.
- (I) Exhibit D evidences a January 2004 emergency room visit and related April 17, 2004, treatment for Crohn's disease.
 - (ii) It should be appreciated that from January 2004 through May 2004 Petitioner was in constant pain and discomfort as a result of the evidenced treatments and associated medications. Thus, the extensive and serious medical treatments from 2002 through April 2004 prevented Petitioner from engaging in any demanding or extended mental or physical activities from January 2004 through May 2004.
 - (iii) Exhibits B, C, and D evidence that from the time of abandonment of the above-referenced application until May 2004, Petitioner was unable to furnish a reply to the outstanding Office Action due to serious physical illness.
2. Petitioner's unavoidable delay from the period beginning May 2004 to the filing date of the previously-filed petition to revive was the result of the inability to locate an agent or attorney to revive and prosecute the application.

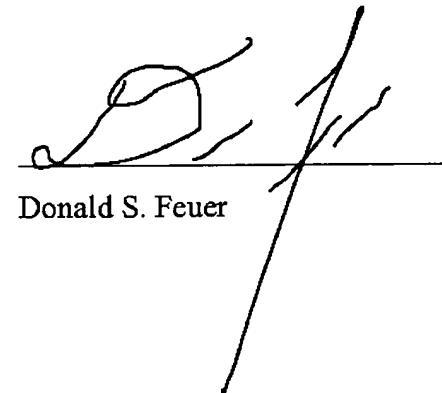
Showing of Delay to Accompany Request for Reconsideration
Application No. 09/479,736
August 31, 2005

- (I) Petitioner's inability to locate and agent or attorney to prosecute the above-referenced application was in large part due to Petitioner's prolonged and serious illness, evidenced by Exhibits A through D. Specifically, in the period from abandonment of the above-referenced application to Petitioner's sufficient recovery from Crohn's disease, various attorneys and firms known the Petitioner became involved with other clients in the same technology, thereby preventing these known firms and attorneys from representing Petitioner.
- (ii) Exhibit E evidences Petitioner's bona-fide and repeated attempts to secure counsel to revive his abandoned application from before July 2004 through January 2005. Specifically, Exhibit E includes a July 13, 2004, non-engagement letter, an October 2004 email seeking an attorney referral, a November 2004 non-engagement email, a December 2004 non-engagement email, and a January 2005, non-engagement letter. During this period Petitioner contacted other attorneys and firms, not evidenced in Exhibit E, who were unable to provide representation due to conflicts.
- (iii) Petitioner met with his present counsel in late February 2005, who diligently and timely prepared the previously-filed petition and other related documents.
- (iv) Exhibits B, C, D, and E evidence that the entire period of abandonment of the above-reference application was the result of serious physical illness and associated inability to locate an attorney or agent to prosecute the application.

3. Petitioner further declares that all statements made herein of his own knowledge are true and all statements made on information and belief are believed to be true.

Showing of Delay to Accompany Request for Reconsideration
Application No. 09/479,736
August 31, 2005

Dated: 8/31/05



A handwritten signature consisting of stylized initials "D.S." followed by a surname.

Donald S. Feuer

STATEMENT

MAKE CHECK PAYABLE TO

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM
PHONE #: 949-643-3348

13669783
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

IF PAYING BY MASTERCARD
FILL OUT BELOW

CHECK CARD
USING FOR
PAYMENT MASTERCARD
CARD NUMBER

SIGNATURE

EXP. DATE

11/14/02	STATEMENT DATE	ACCOUNT
----------	----------------	---------

1594.46	PAY THIS AMOUNT
---------	-----------------

EXHIBIT

A

13669783
MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
11/14/02	13669783	794.8	DONALD FEUER

DATE	CPT	DESCRIPTION	AMOUNT
08/06/02	88307	SURG PATH:LEVEL V	190.00
08/06/02	88313	SPECIAL STAIN GRP. I	40.00
10/07/02	849	PPO PAYMENT	77.82
10/07/02	841	PPO DISALLOW	132.72
08/10/02	88305	SURG PATH:LEVEL IV	1,050.00
08/26/02	88305	SURG PATH:LEVEL IV	525.00

PLEASE GIVE YOUR SERIOUS CONSIDERATION
TO THIS PAST DUE ACCOUNT BY SENDING YOUR
PAYMENT IN FULL BY RETURN MAIL. THANK
YOU.

AMOUNT DUE
1594.46

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET OPTIONS
SECONDARY INS:

PHONE #: 949-643-3348
TAX ID: 95-2648469
REFERRING PHYSICIAN: KO, ANDREW 92691

STATEMENT

MAKE CHECK PAYABLE TO

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7820
LAGUNA NIGUEL, CA 92607-7820

IF PAYING BY MASTERCARD OR VISA,
FILL OUT BELOW

CHECK CARD USING FOR PAYMENT	<input type="checkbox"/>	MASTERCARD	<input checked="" type="checkbox"/>	VISA
CARD NUMBER				AMOUNT
SIGNATURE				EXP. DATE

11/14/02		1594.46
STATEMENT DATE	ALL	PAY THIS AMOUNT

N. TWP:

3:00 PM

849

4582

3-DIGIT 926

13668783
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

13668783

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7820
LAGUNA NIGUEL, CA 92607-7820

Please check box if above address is incorrect or insurance information has changed and indicate changes on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
11/14/02	13668783	794.8	DONALD FEUER

DATE	CPT	DESCRIPTION	AMOUNT
08/06/02	88307	SURG PATH:LEVEL V	180.00
08/06/02	88313	SPECIAL STAIN GRP 11	40.00
10/07/02	849	PPO PAYMENT	77.82
10/07/02	841	PPO DISALLOW	132.72
08/10/02	88305	SURG PATH:LEVEL IV	1,050.00
08/28/02	88305	SURG PATH:LEVEL IV	525.00

PLEASE GIVE YOUR SERIOUS CONSIDERATION
TO THIS PAST DUE ACCOUNT BY SENDING YOUR
PAYMENT IN FULL BY RETURN MAIL. THANK
YOU.

AMOUNT
DUE
1594.46

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7820
LAGUNA NIGUEL, CA 92607-7820

PRIMARY INS: HEALTHNET OPTIONS
SECONDARY INS:

PHONE #: 949 643-3346

TAX ID: 85-2648499

REFERRING PHYSICIAN: KO, ANDREW 92891

STATEMENT

M445 CHECK PAYABLE TO:

MISSION PATHOLOGY MED ASSOC
 P.O. BOX 7620
 LAGUNA NIGUEL, CA 92607-7620

IF PAYING BY MASTERCARD OR VISA,
FILL OUT BELOW

CHECK CARD USING FOR PAYMENT	<input type="checkbox"/>		<input type="checkbox"/>	
CARD NUMBER	MASTERCARD			
SIGNATURE	VISA			
	AMOUNT			
	1494.46			
STATEMENT DATE	1/09/03		ACCOUNT NUMBER	PAY THIS AMOUNT

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 PV

3:00 PM

DOC
 689783
 DONALD FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

13669783
 MISSION PATHOLOGY MED ASSOC
 P.O. BOX 7620
 LAGUNA NIGUEL, CA 92607-7620

Please check box if above address is incorrect or inaccurate.
 Information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK.
 PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
1/09/03	13669783	794.8	DONALD FEUER

DATE	CPT	DESCRIPTION	AMOUNT
08/08/02	88307	SURG PATH:LEVEL V	190.00
08/08/02	88313	SPECIAL STAIN ORP II	40.00
10/07/02	849	PPO PAYMENT	77.82-
10/07/02	841	PPO DISALLOW	132.72-
08/10/02	88305	SURG PATH:LEVEL IV	1,050.00
12/19/02	109	PATIENT PAYMT	100.00-
08/26/02	88305	SURG PATH:LEVEL IV	525.00

YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL.	AMOUNT DUE
	1494.46

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
 P.O. BOX 7620
 LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTNET
 SECONDARY INS:

PHONE #: 949 849-3348

TAX ID: 95-2848498

REFERRING PHYSICIAN: DO. ANDREW 92691

STATEMENT

MAKE CHECK PAYABLE TO:

MISSION PATHOLOGY MED ASSOC
 P.O. BOX 7620
 LAGUNA NIGUEL, CA 92607-7620

IF PAYING BY MASTERCARD OR VISA.
FILL OUT BELOW

CHECK CARD USED FOR PAYMENT	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>	VISA
CARD NUMBER				AMOUNT
SIGNATURE				EXP. DATE

OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM
 PHONE #: 949-843-3346

12/12/02	13669783	1594.46
STATEMENT DATE		PAY THIS AMOUNT

0000031105 ****AUT04* 3-DIGIT 926
 13669783
 DONALD FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

13669783
 MISSION PATHOLOGY MED ASSOC
 P.O. BOX 7620
 LAGUNA NIGUEL, CA 92607-7620

Please check box if above address is incorrect or insurance information has changed and indicate changes on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK.
 PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
12/12/02	13669783	794.8	DONALD FEUER

DATE	CPT	DESCRIPTION	AMOUNT
08/06/02	88307	SURG PATH:LEVEL V	190.00
08/06/02	88313	SPECIAL STAIN GRP III	40.00
10/07/02	849	PPO PAYMENT	77.82-
10/07/02	841	PPO DISALLOW	132.72-
08/10/02	88305	SURG PATH:LEVEL IV	1,050.00
08/26/02	88305	SURG PATH:LEVEL IV	525.00

Your Insurance has not responded to our requests for payment. Please contact them regarding payment. Thank You.

AMOUNT DUE
1594.46

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
 P.O. BOX 7620
 LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET OPTIONS:
 SECONDARY INS:

PHONE #: 949-843-3346

TAX ID: 95-2848499

REFERRING PHYSICIAN: KO, ANDREW 92681

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Phone Number: 949 643-3346
Office Hours: 10:00 A.M. - 3:00 P.M., Mon. - Fri.

IF PAYING BY CREDIT CARD, FILL OUT BELOW:				
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CARD NUMBER			EXP. DATE	
SIGNATURE				
STATEMENT DATE	AMOUNT DUE	ACCOUNT NUMBER		
7/03/03	\$19.46			
PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK				
			SHOW AMOUNT PAID HERE	\$

FORWARDING SERVICE REQUESTED

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

PATIENT NAME: DONALD FEUER

FEDERAL TAX ID: 95-2648499

DATE	PROCEDURE	DESCRIPTION	AMOUNT
08/06/02	88307	SURG PATH:LEVEL V	190.00
08/06/02	88313	SPECIAL STAIN GRP II	40.00
10/07/02	849	PPO PAYMENT	-77.82
10/07/02	841	PPO DISALLOW	-132.72

REFERRING PHYSICIAN	SERVICE LOCATION	ACCOUNT ID	STMT DATE	BALANCE
KARDAN, FARAMARZ M	MISSION COMM HOSP-I/P	13669783	7/03/03	\$19.46

ATTENDING PHYSICIAN	MESSAGES
EKUAN, JUSTIN MD	YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL.

PRIMARY INSURANCE	MAKE CHECK PAYABLE TO:	MISSION PATHOLOGY MED ASSOC P.O. BOX 7620 LAGUNA NIGUEL, CA 92607-7620
HEALTHNET OPTIONS		
SECONDARY INSURANCE		

PHONE:	949 643-3346
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PLEASE SEE REVERSE SIDE FOR EXPLANATION OF THIS BILL

SE HABLA ESPANOL

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Phone Number: 949-643-3346
Office Hours: 10:00 A.M. - 3:00 P.M., Mon. - Fri.

IF PAYING BY CREDIT CARD, FILL OUT BELOW:



CARD NUMBER

EXP. DATE

SIGNATURE

STATEMENT DATE

6/05/03

AMOUNT DUE

\$19.46

ACCOUNT NUMBER

PLEASE WRITE YOUR ACCOUNT
NUMBER ON YOUR CHECK

SHOW AMOUNT
PAID HERE \$

FORWARDING SERVICE REQUESTED

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Please check box if address or insurance information
has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

PATIENT NAME: DONALD FEUER

FEDERAL TAX ID: 95-2648499

DATE	PROCEDURE	DESCRIPTION	AMOUNT
07/26/02	88307	SURG PATH:LEVEL V	190.00
08/06	88313	SPECIAL STAIN GRP II	40.00
10/07/02	849	PPO PAYMENT	-77.82
10/07/02	841	PPO DISALLOW	-132.72
		4/22/03 Received payment for this acct. 1946 is the final pt. RECEIVED PT. Wait for INS to pay	

REFERRING PHYSICIAN	SERVICE LOCATION	ACCOUNT ID	STMT DATE	BALANCE
KARDAN, FARAMARZ M	MISSION COMM HOSP-I/P		6/05/03	\$19.46
ATTENDING PHYSICIAN		MESSAGES		
YKUAN, JUSTIN MD	YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL			
PRIMARY INSURANCE	MAKE CHECK PAYABLE TO:	MISSION PATHOLOGY MED ASSOC P.O. BOX 7620 LAGUNA NIGUEL, CA 92607-7620		
HEALTHNET OPTIONS				
SECONDARY INSURANCE				
	PHONE: 949 643-3346			

PLEASE SEE REVERSE SIDE FOR EXPLANATION OF THIS BILL

SE HABLA ESPANOL

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Phone Number: 949 643-3346
Office Hours: 10:00 A.M. - 3:00 P.M., Mon. - Fri.

FORWARDING SERVICE REQUESTED

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
<input type="checkbox"/> 		<input type="checkbox"/>  VISA
CARD NUMBER		EXP. DATE
SIGNATURE		
STATEMENT DATE	AMOUNT DUE	ACCOUNT NUMBER
5/08/03	\$19.46	
PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK		SHOW AMOUNT PAID HERE \$

(MISSION PATHOLOGY MED ASSOC)

P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

PATIENT NAME: DONALD FEUER

FEDERAL TAX ID: 95-2648499

DATE	PROCEDURE	DESCRIPTION	AMOUNT
08/06/02	88307	SURG PATH LEVEL V	190.00
08/06/02	88313	SPECIAL STAIN GRP II	40.00
10/07/02	849	PPO PAYMENT	-77.82
10/07/02	841	PPO DISALLOW	-132.72

has made an appeal
& is waiting to hear from ins.
will not go to collections.

Do not send anything yet
ins. has not paid for
8/10 & 8/26/02.

REFERRING PHYSICIAN	SERVICE LOCATION	ACCOUNT ID	STMT DATE	BALANCE
KARDAN, FARAMARZ M.	MISSION COMM HOSP-IP		5/08/03	\$19.46
ATTENDING PHYSICIAN			MESSAGES	
EKUAN, JUSTIN MD	YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL.			
PRIMARY INSURANCE				
HEALTHNET OPTIONS	MAKE CHECK PAYABLE TO:	MISSION PATHOLOGY MED ASSOC P.O. BOX 7620 LAGUNA NIGUEL, CA 92607-7620		
SECONDARY INSURANCE	PHONE:	949-643-3346		

PLEASE SEE REVERSE SIDE FOR EXPLANATION OF THIS BILL

110009

0001044-20030508155856-8-405

Thu May 8 16:18:01 2003

SE HABLA ESPANOL

Page 1 of 1 716



Health Net

EXPLANATION OF BENEFITS

IPP / PPO
P. O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id :
 Process Date : 10-02-2002
 Subscriber ID : 1000686143
 Group Number :
 Subscriber Name: DONALD S FEUER
 Patient Name : DONALD S FEUER
 Provider Name : OM P CHAURASIA, M.D., INC.
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-11-02	SURGERY	\$1,025.00	\$568.00 23	\$457.00	\$0.00
09-11-02	SURGERY	\$775.00	\$613.88 23	\$161.12	\$0.00
				\$618.12	\$0.00

- Payment Summary -

Billed : \$1,800.00
 Nonallowed : \$1,181.88
 Allowed : \$618.12
 Member's Responsibility : \$123.62
 Coinsurance : \$123.62
 Health Net Paid : \$494.50

The member's responsibility is for \$123.62 payable to OM P CHAURASIA, M.D., INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: 43239 replaced by 43239-51

Payment(s) Issued To:
 Provider 33-0886936-A \$494.50

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,173.75
2002-Member Coinsurance to Date	\$2,310.92
Lifetime Paid:	\$4,021.32

SEE EXPLANATION OF CODES ON REVERSE SIDE



STATEMENT

MAKE CHECK PAYABLE TO:

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

IF PAYING BY MASTERCARD OR VISA,
FILL OUT BELOW

CHECK CARD USING FOR PAYMENT	MASTERCARD <input checked="" type="checkbox"/>	VISA <input type="checkbox"/>
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
3/08/03 STATEMENT DATE		1494.46 PAY THIS AMOUNT

OFFICE HOURS: MON. THRU FRI: 10:00 AM TO 3:00 PM.
PHONE #: 949-643-3346

0000094791 ****AUTO** 3-DIGIT 926

13669783

DONALD FEUER

10 VIA TUNAS

SAN CLEMENTE, CA 92673-2737

13669783

MISSION PATHOLOGY MED ASSOC

P.O. BOX 7620

LAGUNA NIGUEL, CA 92607-7620

Please check box if above address is incorrect or insurance
information has changed and indicate changes on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
4/03/03	13669783	794.8	DONALD FEUER
DATE	CPT	DESCRIPTION	AMOUNT
08/06/02	88307	SURG PATH:LEVEL V	190.00
08/06/02	88313	SPECIAL STAIN GRP II	40.00
10/07/02	849	PPO PAYMENT	77.82-
10/07/02	841	PPO DISALLOW	132.72
08/10/02	88305	SURG PATH:LEVEL IV	050.00 PPD
12/19/02	109	PATIENT PAYMT	100.00
08/26/02	88306	SURG PATH:LEVEL IV	525.00
<i>Paid 100 5/03</i>			
<i>They requested the pathology report on 10/2/03 Call H.N re. 9/26 D.O.Service</i>			
			AMOUNT DUE
			1494.46

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET OPTIONS
SECONDARY INS:

PHONE #: 949-643-3346

TAX ID: 95-2848499

REFERRING PHYSICIAN: KO, ANDREW 92691



Received 10/14/02

Health Net

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : _____
Claim Id : _____
Process Date : 10-02-2002
Subscriber ID : 111-11111111 RECEIVED
Group Number : _____
Subscriber Name : DONALD S FEUER SFP 08 2005
Patient Name : DONALD S FEUER
Provider Name : ANDREW C KO, M.D.
Provider ID : _____

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-09-02	SURGERY	\$1,200.00	\$677.44 54	\$522.56 -	\$0.00
08-09-02	MISC SERVICE	\$120.00	\$120.00 37.	\$0.00	\$0.00
08-10-02	SURGERY	\$1,300.00	\$728.75 54	\$571.25	\$0.00
08-10-02	MISC SERVICE	\$120.00	\$120.00 37	\$0.00	\$0.00
08-08-02	PROFSERVICE	\$150.00	\$58.01 54	\$81.99	\$0.00
08-07-02	PROFSERVICE	\$275.00	\$52.36 54	\$202.64	\$0.00
08-10-02	PATHOLOGY	\$120.00	\$120.00 113	\$0.00	\$0.00
08-09-02	PATHOLOGY	\$120.00	\$120.00 113	\$0.00	\$0.00
08-21-02	PROFSERVICE	\$150.00	\$22.84 54	\$127.16	\$0.00
		\$3,555.00	\$2,049.40	\$1,505.60	\$0.00

- Payment Summary -

Billed : \$3,555.00
Nonallowed : \$2,049.40
Allowed : \$1,505.60
Member's Responsibility
 Coinsurance : \$752.79
 Non-Covered Chgs : \$775.71
 Health Net Paid : \$1,546.50

The member's responsibility is for \$1,528.50 payable to ANDREW C KO, M.D.. Services were rendered by a non-participating provider.

We are glad to be of service to you.

10/13/02
41.00
261.28
235.63
63.58
152.11
\$3,003.94

Description of Nonallowed Codes/Remarks

- 54 - Amount exceeds the RBRVS allowed under this plan.
- 37 - The allowance for this procedure has been adjusted per coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 113 - There is no allowance for this procedure due to coding and billing guidelines. The non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 33-0514987 A \$1,546.50

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,173.75
2002-Member Coinsurance to Date \$1,891.28 Lifetime Paid: \$3,003.94

for first hospital visit

EXPLANATION OF CODES ON REVERSE SIDE



EXPLANATION OF BENEFITS


Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 10-02-2002
Subscriber ID : 14-50-0000
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
PHILLIP A ROBINSON, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-05-02	PROFSERVICE	\$187.00	\$105.01 23	\$81.99	\$0.00
08-06-02	PROFSERVICE	\$135.00	\$77.46 23	\$57.54	\$0.00
		\$322.00		\$182.47	
				\$139.53	\$0.00

- Payment Summary -
Billed : \$322.00
Nonallowed : \$182.47
Allowed : \$139.53
Member's Responsibility : \$27.91
Coinsurance :
Health Net Paid : \$111.62

The member's responsibility is for \$27.91 payable to PHILLIP A ROBINSON, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

our response. #2791

hospital

Payment(s) Issued To:
Provider 33-0783137 A \$111.62

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,173.75
2002-Member Coinsurance to Date \$325.32 Lifetime Paid: \$1,379.62

*SEE EXPLANATION OF CODES ON REVERSE SIDE

00001002358143-50-2633P0538165



Health Net

EXPLANATION OF BENEFITS

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 10-02-2002
Subscriber ID : 1
Group Number : 920
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
ANDREW C KO, M.D.
Provider ID : 33-0514987 A

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-26-02	SURGERY	\$850.00	\$446.40 54	-\$403.60	\$0.00
08-26-02	PATHOLOGY	\$120.00	\$120.00 37	\$0.00	\$0.00
08-26-02	MISC SERVICE	\$120.00	\$120.00 37	\$0.00	\$0.00
				\$1,090.00	\$403.60
					\$0.00

- Payment Summary -

Billed : \$1,090.00
Nonallowed : \$686.40
Allowed : \$403.60
Member's Responsibility
Coinsurance : \$201.80
Non-Covered Chgs : \$446.40
Health Net Paid : \$201.80

The member's responsibility is for \$648.20 payable to ANDREW C KO, M.D.
Services were rendered by a non-participating provider.

We are glad to be of service to you.

1/2 to charges

Description of Nonallowed Codes/Remarks

- 54 - Amount exceeds the RBRVS allowed under this plan.
- 37 - The allowance for this procedure has been adjusted per coding and billing guidelines. The non-allowable amount is not the responsibility of the member.

Scoping after hospital stay

+\$201.80 Due to Dr KO
for 8/26/02
(1/2 of total)

Payment(s) Issued To:
Provider 33-0514987 A \$201.80

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,173.75
2002-Member Coinsurance to Date	\$2,162.19 Lifetime Paid: \$3,426.32

*SEE EXPLANATION OF CODES ON REVERSE SIDE

EXPLANATION OF BENEFITS



Health Net

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
Claim Id : 2002020000000000
Process Date : 10-02-2002
Subscriber ID : 100-00000000
Group Number : 1
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
✓ JOHN S BELVILLE, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-05-02	SURGERY	\$437.00	\$4.25 23	\$432.75	\$0.00
08-05-02	RADIOLOGY	\$108.00	\$71.61 23	\$36.39	\$0.00
		\$545.00	\$75.86	\$469.14	\$0.00

- Payment Summary -

Billed : \$545.00
Nonallowed : \$75.86
Allowed : - \$469.14
Member's Responsibility : **5118.29**
Deductible : **5118.29**
Coinsurance : **570.17**
Health Net Paid : **\$280.68**

The member's responsibility is for \$188.46 payable to JOHN S BELVILLE, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

During first hospital stay

Payment(s) Issued To:
Provider 95-2662029 E \$280.68

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,173.75
2002-Member Coinsurance to Date	\$110.17
Lifetime Paid:	\$519.05

'SEE EXPLANATION OF CODES ON REVERSE SIDE'

04683002359165-58-2653P0518165





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

I F P / P D O
P. O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number : -
Claim Id : -
Process Date : 10-02-2002
Subscriber ID : 1
Group Number : 9
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
CHARLES C BAILEY JR., M.D.
Provider ID : -

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-03-02	PROFSERVICE	\$193.00	\$0.00	\$193.00	\$0.00
08-04-02	PROFSERVICE	\$193.00	\$0.00	\$193.00	\$0.00
08-07-02	PROFSERVICE	\$193.00	\$0.00	\$193.00	\$0.00
08-08-02	PROFSERVICE	\$132.00	\$0.00	\$132.00	\$0.00
08-09-02	PROFSERVICE	\$94.00	\$0.00	\$94.00	\$0.00
		\$805.00	\$0.00	\$805.00	\$0.00

- Payment Summary -

Billed	:	\$805.00
Allowed	:	\$805.00
Member's Responsibility		
Coinsurance	:	\$161.00
Health Net Paid	:	\$644.00

The member's responsibility is for \$161.00 payable to CHARLES C BAILEY JR. M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

For First hospital stay

Payment(s) Issued To: Provider 33-0139962 A \$644.00

2002-Member	Deductible to Date	\$1,000.00
2002-Family	Deductible to Date	\$1,173.75
2002-Member	Coinsurance to Date	\$297.41
		Lifetime Paid: \$1,268.00

SEE EXPLANATION OF CODES ON REVERSE SIDE

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Phone Number: 949 643-3346
Office Hours: 10:00 A.M. - 3:00 P.M., Mon. - Fri.

IF PAYING BY CREDIT CARD, FILL OUT BELOW.



CARD NUMBER:

EXP. DATE:

SIGNATURE:

STATEMENT DATE:

AMOUNT DUE:

ACCOUNT NUMBER:

7/31/03

\$19.46

13669783

PLEASE WRITE YOUR ACCOUNT
NUMBER ON YOUR CHECK

SHOW AMOUNT
PAID HERE \$

FORWARDING SERVICE REQUESTED

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

Please check box if address is incorrect or there is no information
has changed and indicate change(s) on reverse side.

REMIT TO:
MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Please detach and return this portion with payment.

E: DONALD FEUER

FEDERAL TAX ID: 95-2648499

PROCEDURE	DESCRIPTION	AMOUNT
88307	SURG PATH:LEVEL V	190.00
08/06	88313 SPECIAL STAIN GRP II	40.00
10/07/02	849 PPO PAYMENT	-77.82
10/07/02	841 PPO DISALLOW	-132.72

REFERRING PHYSICIAN	SERVICE LOCATION	ACCOUNT ID	STMT DATE	BALANCE
KARDAN, FARAMARZ M	MISSION COMM HOSP-V/P		7/31/03	\$19.46
ATTENDING PHYSICIAN	MESSAGES			
EKUAN, JUSTIN MD	PLEASE GIVE YOUR SERIOUS CONSIDERATION TO THIS PAST DUE ACCOUNT BY SENDING YOUR PAYMENT IN FULL BY RETURN MAIL. THANK YOU.			
PRIMARY INSURANCE				
HEALTHNET OPTIONS	MAKE CHECK PAYABLE TO:	MISSION PATHOLOGY MED ASSOC P.O. BOX 7620 LAGUNA NIGUEL, CA 92607-7620		
SECONDARY INSURANCE	PHONE:	949 643-3346		

PLEASE SEE REVERSE SIDE FOR EXPLANATION OF THIS BILL

SE HABLA ESPANOL

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
10/17/02		784.8	DONALD FEUER

DATE	CPT	DESCRIPTION	AMOUNT
08/06/02	88307	SURG PATH: LEVEL V	190.00
08/06/02	88313	SPECIAL STAIN GRP-11	40.00
10/07/02	849	PPO PAYMENT	77.82
10/07/02	841	PPO DISALLOW	132.72
08/10/02	88305	SURG PATH: LEVEL IV	1,050.00
08/26/02	88305	SURG PATH: LEVEL IV	525.00

*Pd \$100
Balance May 46*

YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL.		AMOUNT DUE
		1594.48

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: **HEALTHNET** OPTIONS:
SECONDARY INS:

PHONE #: 949-843-3348

TAX ID: 85-2648499

REFERRING PHYSICIAN: KO, ANDREW D2691



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name: DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : MISSION HOSPITAL REG MED CTR
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE*	ALLOWED AMOUNT	COPAY AMOUNT
07-23-02	OUTPATIENT	\$2,520.00	\$504.00 23	\$2,016.00	\$0.00
				\$2,016.00	\$0.00

- Payment Summary -
Billed : \$2,520.00 As a Health Net member, you have no further financial responsibility for this claim.
Nonallowed : \$504.00 Services were rendered by a Health Net preferred provider. We are glad to be of
Allowed : \$2,016.00 service to you.
Health Net Paid : \$2,016.00

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Before first hospitalization

Payment(s) Issued To:
Provider 95-1643360 A \$2,016.00

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$3,000.00 Lifetime Paid: \$14,614.15

SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 07-08-2003
Reference Num. :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MISSION HOSPITAL REG MED CTR
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-02-02/08-10-02	INPATIENT	\$10,200.00	\$7,910.11 23	\$2,289.89	\$0.00
08-02-02/08-10-02	ANCILLARY	\$28,713.45	\$22,267.34 23	\$6,446.11	\$0.00
08-10-02	INTEREST	\$75.39	\$0.00	\$75.39	\$0.00
			\$38,988.84	\$30,177.45	\$8,811.39
					\$0.00

- Payment Summary -

Billed : \$38,988.84 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$30,177.45 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$8,811.39 service to you.
 Health Net Paid : \$8,811.39

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

First Hospitalization whereby Crohn's was discovered

Re

Paym

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,322.84
2002-Member Coinsurance to Date	\$3,000.00
Lifetime Paid:	\$24,589.37

SEE EXPLANATION OF CODES ON REVERSE SIDE

041702SR00113254P08336334005161



HealthNet

Mail P.O. Box 10196
Van Nuys, CA 91410-0196

I P P / P P O

1-800-839-2172

November 25, 2002

DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

SUBJECT: SUBSCRIBER NAME : DONALD S FEUER 9915
SUBSCRIBER SSN : GROUP: 92001
DATE(S) OF SERVICE: 08/02/02 - 08/10/02 PATIENT: DONALD MM1
TOTAL CHARGE(S): \$38,913.45 CLAIM #:
PROVIDER: MISSION HOSPITAL REG MED CTR PCN:
27700 MEDICAL CENTER RD
MISSION VIEJO CA 92691-6426 (949)364-1400

Dear Member:

We are in receipt of the claim identified above. Please note that there will be a delay in the processing of this claim as it requires:

Receipt of medical records.

We will keep you informed at regular intervals of the status of your claim. We will also inform you when a determination has been made.

If you have any questions or concerns, please contact Health Net.

Sincerely,
Claims Department

Charges for first hospitalization for 8 days



Health Net

EXPLANATION OF BENEFITS

IPF/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2003037-CK7-068

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

* THIS IS NOT A BILL *

RA Number : ***
Claim Id : ***
Process Date : 04-08-2003
Reference Num. : ***
Group Number : ***
Subscriber Name: DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP INC.
Provider ID : ***

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
12-10-02	PROFSERVICE	\$84.00	\$21.00 23	\$63.00	\$20.00
12-10-02	INTEREST	\$0.58	\$0.00	\$0.58	\$0.00
				\$84.58	\$21.00
				\$63.58	\$20.00

- Payment Summary -

Billed	:	\$84.58
Nonallowed	:	\$21.00
Allowed	:	\$63.58
Member's Responsibility	:	
Copayment	:	\$20.00
Health Net Paid	:	\$43.58

The member's responsibility is for \$20.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: * INTEREST PAID AMOUNT REPRESENTS 15% PER ANNUM, AS INTEREST PAYMENT TO COMPLY WITH THE PROMPT PAYMENT LEGISLATION.

Continous care

Payment(s) Issued

2002-Member Deduct
2002-Family Deduct
2002-Member Coinsu

*SEE EXPLANATION OF CODES ON REVERSE SIDE

2437802R0411325APD945710005543



Health Net

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id : 2
Process Date : 04-08-2005
Reference Num. : 1
Group Number : 6
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
07-29-02	PROFSERVICE	\$349.00	\$86.35 23 \$59.50 19	\$203.15	\$20.00
07-29-02	PATHOLOGY	\$10.00	\$6.00 23	\$4.00	\$0.00
07-29-02	PATHOLOGY	\$18.00	\$4.50 23	\$13.50	\$0.00
07-29-02	RADIOLOGY	\$65.00	\$21.66 23	\$43.34	\$0.00
07-29-02	INTEREST	\$14.07	\$0.00	\$14.07	\$0.00
				\$456.07	\$178.01
					\$278.06
					\$20.00

- Payment Summary -

Billed	:	\$456.07	The member's responsibility is for \$80.84
Nonallowed	:	\$178.01	payable to BRISTOL PARK MEDICAL GROUP INC.
Allowed	:	\$278.06	Services were rendered by a Health Net
Member's Responsibility	:		preferred provider. We are glad to be of
Deductible	:	\$60.84	service to you.
Copayment	:	\$20.00	
Health Net Paid	:	\$197.22	

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
- 19 - Office visit re-coded to match the diagnosis billed. Charges reduced, please do not bill the member.

Rem When Crohn's was taking toll before first hospitalization

Pay
F

200
200
200

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
SAN CLEMENTE HOSP & MED CTR
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-07-02/09-12-02	INPATIENT	\$7,500.00	\$6,533.11 23	\$966.89	\$0.00
09-07-02/09-12-02	ANCILLARY	\$25,272.73	\$22,014.62 23	\$3,258.11	\$0.00
				\$32,772.73 \$28,547.73	\$4,225.00 \$0.00

- Payment Summary -

Billed : \$32,772.73 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$28,547.73 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$4,225.00 service to you.
 Health Net Paid : \$4,225.00

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Second hospitalization for Crohn's attack whereby blockages were discovered and needed hospitalization for five days to bring under control

Payment
Provid

2002-Mem
2002-Fam
2002-Mem

*SEE EXPLANATION OF CODES ON REVERSE SIDE

001946MR00115254POS21866006316





Health Net

EXPLANATION OF BENEFITS

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

* THIS IS NOT A BILL *

RA Number : (-----
Claim Id : L003101-C...
Process Date : 04-15-2003
Reference Num. : R00113254
Group Number : 92080A
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
EMERGENCY PHYSICIANS MED GRP
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-07-02	ERPHYSICIAN	\$463.20	\$285.56 23	\$177.64	\$0.00

	\$463.20	\$285.56	\$177.64	\$0.00
--	----------	----------	----------	--------

- Payment Summary -

Billed	\$463.20
Nonallowed	\$285.56
Allowed	\$177.64
Member's Responsibility	
Coinsurance	\$35.53
Health Net Paid	\$142.11

The member's responsibility is for \$35.53 payable to EMERGENCY PHYSICIANS MED GRP. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Er Physician for entering hospital on second time for extended stay

Pay
200
200
200

SEE EXPLANATION OF CODES ON REVERSE SIDE

0819456R00113254P0521866006316



STATEMENT

MAKE CHECK PAYABLE TO:

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7820
LAGUNA NIGUEL, CA 92607-7820

IF PAYING BY MASTERCARD OR VISA,
FILL OUT BELOW

CHECK CARD USING FOR PAYMENT	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
	9/19/02	1805.00
STATEMENT DATE	ACCOUNT NUMBER	PAY THIS AMOUNT

OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM
PHONE #: 849 643-3346

0000054383 ****AUTO** 3-DIGIT 926
13689783
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

13689783
MISSION PATHOLOGY MED ASSOC
P.O. BOX 7820
LAGUNA NIGUEL, CA 92607-7820

Please check box if above address is incorrect or insurance information has changed and indicate changes on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
9/19/02	13689783	784.B	DONALD FEUER

DATE	CPT	DESCRIPTION	AMOUNT
08/06/02	88307	SURG PATH:LEVEL V	190.00
08/06/02	88313	SPECIAL STAIN GRP II	40.00
08/10/02	88305	SURG PATH:LEVEL IV	1.050.00
08/28/02	88305	SURG PATH:LEVEL IV	525.00

YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL.	AMOUNT DUE
	1805.00

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7820
LAGUNA NIGUEL, CA 92607-7820

PRIMARY INS: HEALTHNET SELECT POS
SECONDARY INS:

PHONE
TAX I
REFERRING PHYSICIAN: KO, ANDREW 92681

FX1978

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

RETURN SERVICE REQUESTED

FOR BILLING QUESTIONS, CALL: 949-437-9470

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT.#
07/30/03	353.84	
PAGE: 2 of 5		SHOW AMOUNT PAID HERE \$

ADDRESSEE:

DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

REMIT TO:

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

3085310100L551000827

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

DATE	RVS CODE	DESCRIPTION	DIAGNOSIS FIRST NAME	PHYSICIAN	AMOUNT
02/10/03					-10.00
		(INVOICE 909533)		INV BAL= 43.50	
08/10/02	99238	HOSPITAL DISCHARGE DAY	558.9	DONALD S APPEL	125.00
10/10/02		PPO PAYMENT			108.89CR
12/27/02		PATIENT PAYMENT/MAIL IN			16.11CR
02/10/03					-16.11
		(INVOICE 916734)		INV BAL= 16.10	
08/02/02	99222	INITIAL HOSPITAL CARE	789.0	DONALD S KARDAN	280.00
10/10/02		PPO PAYMENT			253.76CR
12/27/02		PATIENT PAYMENT/MAIL IN			26.24CR

IRS ID:

GID GUARANTOR NAME: DONALD S FEUER

BALANCE DUE

353.84

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

RETURN SERVICE REQUESTED

FOR BILLING QUESTIONS CALL: 949-437-9470

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW. CHECK CARD USING FOR PAYMENT		
<input checked="" type="checkbox"/> MASTERCARD		<input type="checkbox"/> VISA
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
07/30/03	353.84	
PAGE: 3 of 5		SHOW AMOUNT PAID HERE \$

ADDRESSEE:
 DONALD S FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737.

REMIT TO:
 BRISTOL PARK MEDICAL GROUP, INC.
 2501 S. PULLMAN ST
 SANTA ANA, CA 92705

30953-1000L55000927

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	RVS CODE	DESCRIPTION	DIAGNOSIS FIRST NAME	PHYSICIAN	AMOUNT
02/10/03					-26.24
		(INVOICE		INV BAL= 26.24)	
08/06/02	99232	SUBSEQUENT HOSPITAL CARE	789.0	DONALD S KARDAN	96.00
04/10/03		PPO PAYMENT INSURANCE DENIED, REQUESTING ADDITIONAL INFORMATION FROM PAT (INVOICE 942649)		INV BAL= 96.00)	0.00
08/07/02	99232	SUBSEQUENT HOSPITAL CARE	789.0	DONALD S KARDAN	96.00
04/10/03		PPO PAYMENT INSURANCE DENIED, REQUESTING ADDITIONAL INFORMATION FROM PAT (INVOICE 942722)		INV BAL= 96.00)	0.00
08/09/02	99232	SUBSEQUENT HOSPITAL CARE	789.0	DONALD S KARDAN	96.00
10/10/02		PPO PAYMENT			83.00CR
12/27/02		PATIENT PAYMENT/MAIL IN			13.00CR

IRS ID: 95-2653450
 GID: 906701

GID GUARANTOR NAME: DONALD S FEUER

BALANCE DUE

353.84

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

RETURN SERVICE REQUESTED

FOR BILLING QUESTIONS, CALL: 949-437-9470

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW. CHECK CARD USING FOR PAYMENT		
<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA EXPRESS	<input type="checkbox"/> VISA
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT.#
07/30/03	353.84	906701
PAGE: 4 of 5		SHOW AMOUNT PAID HERE \$

ADDRESSEE: [REDACTED]

DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

REMIT TO: [REDACTED]

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

3085310100L551000827

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	RVS. CODE	DESCRIPTION	DIAGNOSIS	FIRST NAME	PHYSICIAN	AMOUNT
02/10/03		Billing for regular visits and what was not paid for by insurance.			INV. BAL= 13.00	-13.00
08/29/02						20.00CR
08/29/02	99213	OFFICE/OUTPATIENT VISIT,	1.4	DONALD S	STOECKER	84.00
08/29/02	36415	COLLECTION OF BLOOD BY VE	571.4	DONALD S	STOECKER	18.00
04/15/03		PPO PAYMENT				68.50CR
		(INVOICE)			INV. BAL= 13.50	
08/08/02	99232	SUBSEQUENT HOSPITAL CARE	780.6	DONALD S	TRINH	96.00
10/10/02		PPO PAYMENT				83.00CR
12/27/02		PATIENT PAYMENT/MAIL IN				13.00CR

IRS ID: 95-2653450
GID: 906701

GID GUARANTOR NAME: DONALD S FEUER

BALANCE DUE

353.84

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

RETURN SERVICE REQUESTED

FOR BILLING QUESTIONS, CALL: 949-437-9470

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.

CHECK CARD LISTING FOR PAYMENT



MASTERCARD



VISA

CARD NUMBER

AMOUNT

SIGNATURE

EXP. DATE

STATEMENT DATE

PAY THIS AMOUNT

ACCT.#

07/30/03

353.84

PAGE: 5 of 5

SHOW AMOUNT PAID HERE \$

REMIT TO:

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

30853*10100L551000827

Please check box if address is incorrect or insurance information has changed, and indicate changes on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	RVS CODE	DESCRIPTION	DIAGNOSIS	FIRST NAME	PHYSICIAN	AMOUNT
02/10/03						13.00
			(INVOICE 955405)		INV. BAL = 13.00	

cont.

IRS ID: 95-2653450
GID: 906701

GID GUARANTOR NAME: DONALD S FEUER

BALANCE DUE

353.84

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name: DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MISSION HOSPITAL REG MED CTR
Provider ID : 5

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-26-02	OUTPATIENT	\$3,334.24	\$833.56 23	\$2,500.68	\$0.00
			\$3,334.24	\$833.56	\$0.00

- Payment Summary -

Billed : \$3,334.24
Nonallowed : \$833.56
Allowed : \$2,500.68
Member's Responsibility :
 Coinsurance : \$500.14
 Health Net Paid : \$2,000.54

The member's responsibility is for \$500.14 payable to MISSION HOSPITAL REG MED CTR. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Out patient after first hospitalization

Payment(s) Issued To:
Provider : \$2,000.54

2002-Member Deductib: to Date \$1,000.00
2002-Family Deductib: to Date \$1,322.84
2002-Member Coinsur: e to Date \$2,812.46 Lifetime Paid: \$6,027.47

SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net®

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
PETER M ROTHENBERG, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-10-02	PROFSERVICE	\$250.00	\$226.68 23	\$23.32	\$0.00
09-11-02	PROFSERVICE	\$125.00	\$43.01 23	\$81.99	\$0.00
09-12-02	PROFSERVICE	\$175.00	\$77.15 23	\$97.85	\$0.00
09-12-02	INTEREST	\$0.98	\$0.00	\$0.98	\$0.00
			\$550.98	\$346.84	\$204.14
					\$0.00

- Payment Summary -

Billed : \$550.98
 Nonallowed : \$346.84
 Allowed : \$204.14
 Previously Paid : \$179.84
 Health Net Paid : \$24.30

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Billing during second hospitalization

Remark

**Paymen
Prov**

**2002-M
2002-E
2002-M**

SEE EXPLANATION OF CODES ON REVERSE SIDE

20161758861354 PUS77793894565





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 06-03-2003
Reference Num. : P0439
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JUSTIN H EKUAN,
Provider ID : 10439

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	PAY AMOUNT
08-10-02	PATHOLOGY	\$1,050.00	\$540.36 23	\$509.64	\$0.00
08-10-02	INTEREST	\$0.41	\$0.00	\$0.41	\$0.00

\$1,050.41 \$540.36 \$510.05 \$0.00

- Payment Summary -

Billed	: \$1,050.41	As a Health Net member, you have no further financial responsibility for this claim.
Nonallowed	: \$540.36	Services were rendered by a Health Net preferred provider. We are glad to be of
Allowed	: \$510.05	service to you.
Health Net Paid	: \$510.05	

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: * INTEREST PAID AMOUNT REPRESENTS
15% PER ANNUM, AS INTEREST PAYMENT
TO COMPLY WITH THE PROMPT PAYMENT LEGISLATION

Hosp. 2002 (August)

*SEE EXPLANATION OF CODES ON REVERSE SIDE

4418356R00113254P0588652005608





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : 1
Claim Id : 1000-
Process Date : 07-15-2003
Reference Num. :
Group Number : 1
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name : LABORATORY CORP OF AMERICA-S.D.
Provider ID : F

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
10-02-02	PATHOLOGY	\$97.21	\$97.21 20	\$0.00	\$0.00
10-02-02	PATHOLOGY	\$31.43	\$31.43 20	\$0.00	\$0.00
10-02-02	PATHOLOGY	\$23.85	\$23.85 20	\$0.00	\$0.00
10-02-02	PATHOLOGY	\$16.11	\$16.11 20	\$0.00	\$0.00
				\$168.60	\$0.00
					\$0.00

- Payment Summary -

Billed : \$168.60
Nonallowed : \$168.60
Allowed : \$0.00

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

20 - See the Remarks Section.

Continued care October 2002

2002
2002
2002



*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 1000100000
Process Date : 07-09-2003
Reference Num. :
Group Number :
Subscriber Name : DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : LABORATORY CORP OF AMERICA-S.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
10-02-02	PATHOLOGY	\$97.21	\$97.21 20	\$0.00	\$0.00
10-02-02	PATHOLOGY	\$31.43	\$31.43 20	\$0.00	\$0.00
10-02-02	PATHOLOGY	\$23.85	\$23.85 20	\$0.00	\$0.00
10-02-02	PATHOLOGY	\$16.11	\$16.11 20	\$0.00	\$0.00
				\$168.60	\$0.00
					\$0.00

- Payment Summary -

Billed : \$168.60
Nonallowed : \$168.60
Allowed : \$0.00

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

20 - See the Remarks Section.

Continued Care October 2002

2002-M
2002-F
2002-M

*SEE EXPLANATION OF CODES ON REVERSE SIDE

2010453R08133254P05338130004401





Health Net

EXPLANATION OF BENEFITS

• THIS IS NOT A BILL •

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 11-12-2002
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-11-02	PATHOLOGY	\$7.50	\$2.25 23	\$5.25	\$0.00
09-11-02	PATHOLOGY	\$5.25	\$3.49 23	\$1.76	\$0.00
				\$12.75	\$7.01
					\$0.00

- Payment Summary -

Billed	:	\$12.75
Nonallowed	:	\$5.74
Allowed	:	\$7.01
Member's Responsibility	:	\$1.40
Coinsurance	:	
Health Net Paid	:	\$5.61

The member's responsibility is for \$1.40 payable to JERREE A STROH, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hosp. Sept. 2002

P

20

20

20

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-07-2003
Reference Num. :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-02-02	PATHOLOGY	\$34.82		\$34.82	\$0.00
08-02-02	PATHOLOGY	\$23.15	\$6.45 23	\$16.70	\$0.00
				\$51.52	\$0.00
				\$51.52	\$0.00

- Payment Summary -

Billed	:	\$57.97
Nonallowed	:	\$6.45
Allowed	:	\$51.52
Member's Responsibility	:	\$51.52
Deductible	:	

The member's responsibility is for \$51.52 payable to LABORATORY CORP OF AMERICA-S.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Testing August 2002

2002-1
2002-1
2002-1

SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* .IS IS . T A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-02-2003
Reference Num. :
Group Number :
Subscriber Name : DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : MICHAEL I MIYAMOTO, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-03-02	PATHOLOGY	\$35.00	\$25.27 23	\$9.73	\$0.00
			\$35.00	\$25.27	\$0.00

- Payment Summary -
Billed : \$35.00
Nonallowed : \$25.27
Allowed : \$9.73
Member's Responsibility : \$9.73
Deductible : \$9.73

The member's responsibility is for \$9.73 payable to MICHAEL I MIYAMOTO, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Test August 2002

2
2
2

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

HIS IS NOT A BILL

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 2000000000000000
Process Date : 04-08-2003
Reference Num. :
Group Number :
Subscriber Name: DONALD S FEUER
Patient Name: DONALD S FEUER
Provider Name: BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-27-02	INJECTION	\$15.00	\$9.77 23	\$5.23	\$0.00
08-27-02	INJECTION	\$54.00	\$38.31 23	\$15.69	\$0.00
08-27-02	INTEREST	\$0.96	\$0.00	\$0.96	\$0.00
				\$69.96	\$48.08
					\$21.88
					\$0.00

- Payment Summary -

Billed : \$69.96 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$48.08 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$21.88 service to you.
 Health Net Paid : \$21.88

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Continued Care Aug. 2002

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*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
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VAN NUYS, CA 91410-0223
1-800-839-2172

JF 2004

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

A Number :
Claim Id :
Process Date : 04-08-2003
Reference Num. : R00113254
Group Number : 92080A

Subscriber Name:
DONALD S FEUER

Patient Name :
DONALD S FEUER

Provider Name :
BRISTOL PARK MEDICAL GROUP INC.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE*	ALLOWED AMOUNT	COPAY AMOUNT
08-27-02	PREVENTIVE	\$191.00	\$57.17 23	\$133.83	\$20.00
08-27-02	INJECTION	\$40.00	\$10.00 23	\$30.00	\$0.00
08-27-02	INJECTION	\$26.00	\$6.50 23	\$19.50	\$0.00
08-27-02	INJECTION	\$53.00	\$13.25 23	\$39.75	\$0.00
08-27-02	INJECTION	\$30.00	\$7.50 23	\$22.50	\$0.00
08-27-02	INTEREST	\$10.47	\$0.00	\$10.47	\$0.00
				\$350.47	\$94.42
					\$256.05
					\$20.00

- Payment Summary -

Billed	:	\$350.47
Nonallowed	:	\$94.42
Allowed	:	\$256.05
Member's Responsibility	:	
Copayment	:	\$20.00
Health Net Paid	:	\$236.05

The member's responsibility is for \$20.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Continued Care Aug 2002

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Health Net

EXPLANATION OF BENEFITS

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Adjustment of 2003010-CH4-041

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number : 74-
Subscriber Name: DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : JERREE A STROH, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-07-02	PATHOLOGY	\$8.50	\$4.98 23	\$3.52	\$0.00
09-07-02	PATHOLOGY	\$6.75	\$5.19 23	\$1.56	\$0.00
09-07-02	PATHOLOGY	\$25.00	\$14.74 23	\$10.26	\$0.00
09-08-02	PATHOLOGY	\$10.00	\$7.28 23	\$2.72	\$0.00
09-08-02	INTEREST	\$0.73	\$0.00	\$0.73	\$0.00
			\$50.98	\$32.19	\$18.79
					\$0.00

- Payment Summary -

Billed	:	\$50.98	The member's responsibility is for \$3.60
Nonallowed	:	\$32.19	payable to JERREE A STROH, M.D.
Allowed	:	\$18.79	Services were rendered by a Health Net
Member's Responsibility	:		preferred provider. We are glad to be of
Coinurance	:	\$3.60	service to you.
Health Net Paid	:	\$15.19	

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hospital September 2002

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SEE EXPLANATION OF CODES ON REVERSE SIDE

2019468800115254POS21066006317



Health Net

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1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

* THIS IS NO.

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : R00113254
Group Number : 92080A
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-07-02	PATHOLOGY	\$10.00	\$7.28 23	\$2.72	\$0.00
09-07-02	PATHOLOGY	\$7.50	\$2.25 23	\$5.25	\$0.00
09-07-02	PATHOLOGY	\$8.00	\$3.11 23	\$4.89	\$0.00
09-07-02	PATHOLOGY	\$7.25	\$0.00	\$7.25	\$0.00
				\$32.75	\$12.64
					\$20.11
					\$0.00

- Payment Summary -

Billed	:	\$32.75
Nonallowed	:	\$12.64
Allowed	:	\$20.11
Member's Responsibility	:	\$2.92
Coinsurance	:	
Health Net Paid	:	\$17.19

The member's responsibility is for \$2.92 payable to JERREE A STROH, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hosp. Sept 2002

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201966900811325400521066006317



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DONALD S. FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id :
 Process Date : 04-15-2003
 Reference Num. : R
 Group Number :
 Subscriber Name:
 DONALD S FEUER
 Patient Name :
 DONALD S FEUER
 Provider Name :
 JERREE A STROH, M.D.
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-08-02	PATHOLOGY	\$7.50	\$2.25 23	\$5.25	\$0.00
09-08-02	PATHOLOGY	\$9.50	\$6.17 23	\$3.33	\$0.00
09-08-02	PATHOLOGY	\$11.50	\$8.28 23	\$3.22	\$0.00
09-08-02	PATHOLOGY	\$13.50	\$6.84 23	\$6.66	\$0.00
			\$42.00	\$23.54	\$18.46
					\$0.00

- Payment Summary -

Billed : \$42.00
 Nonallowed : \$23.54 As a Health Net member, you have no further financial responsibility for this claim.
 Allowed : \$18.46 Services were rendered by a Health Net preferred provider. We are glad to be of
 Health Net Paid : \$18.46 service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

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Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id : ~~0000000000000000~~
 Process Date : 04-15-2003
 Reference Num. : ~~0000000000000000~~
 Group Number : 5204
 Subscriber Name:
 DONALD S FEUER
 Patient Name :
 DONALD S FEUER
 Provider Name :
 JERREE A STROH, M.D.
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-08-02	PATHOLOGY	\$7.50	\$4.08 23	\$3.42	\$0.00
09-08-02	PATHOLOGY	\$11.50	\$8.28 23	\$3.22	\$0.00
09-08-02	PATHOLOGY	\$9.50	\$6.17 23	\$3.33	\$0.00
09-08-02	PATHOLOGY	\$5.75	\$3.40 23	\$2.35	\$0.00
				\$34.25	\$21.93
					\$12.32
					\$0.00

- Payment Summary -

Billed	:	\$34.25	As a Health Net member, you have no further financial responsibility for this claim.
Nonallowed	:	\$21.93	Services were rendered by a Health Net preferred provider. We are glad to be of
Allowed	:	\$12.32	service to you.
Health Net Paid	:	\$12.32	

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hospital Sept. 2002

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2019471R081J3254POS21866496X17





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VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : I
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-08-02	PATHOLOGY	\$7.50	\$2.25 23	\$5.25	\$0.00
09-09-02	PATHOLOGY	\$3.00	\$0.66 23	\$2.34	\$0.00
09-09-02	PATHOLOGY	\$5.25	\$0.00	\$5.25	\$0.00
09-09-02	PATHOLOGY	\$10.00	\$7.28 23	\$2.72	\$0.00
				\$25.75	\$10.19
					\$15.56
					\$0.00

- Payment Summary -

Billed	:	\$25.75	As a Health Net member, you have no further financial responsibility for this claim.
Nonallowed	:	\$10.19	Services were rendered by a Health Net preferred provider. We are glad to be of
Allowed	:	\$15.56	service to you.
Health Net Paid	:	\$15.56	

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hospital Sept. 2002

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DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : P
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERRIE A STROH, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-08-02	PATHOLOGY	\$36.25	\$30.92 23	\$5.33	\$0.00
09-08-02	PATHOLOGY	\$5.25	\$3.49 23	\$1.76	\$0.00
09-08-02	PATHOLOGY	\$10.00	\$7.28 23	\$2.72	\$0.00
09-08-02	PATHOLOGY	\$5.25	\$3.49 23	\$1.76	\$0.00
				\$56.75	\$45.18
					\$11.57
					\$0.00

- Payment Summary -

Billed : \$56.75 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$45.18 Services were rendered by a Health Net
 Allowed : \$11.57 preferred provider. We are glad to be of
 Health Net Paid : \$11.57 service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

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DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : R00113254
Group Number : 92080A
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERRREE A STROH, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-09-02	PATHOLOGY	\$7.50	\$2.25 23	\$5.25	\$0.00
09-09-02	PATHOLOGY	\$5.25	\$3.49 23	\$1.76	\$0.00
09-09-02	PATHOLOGY	\$13.50	\$6.84 23	\$6.66	\$0.00
09-11-02	PATHOLOGY	\$10.00	\$7.28 23	\$2.72	\$0.00
09-11-02	INTEREST	\$0.83	\$0.00	\$0.83	\$0.00
		\$37.08	\$19.86	\$17.22	\$0.00

- Payment Summary -

Billed : \$37.08 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$19.86 Services were rendered by a Health Net
 Allowed : \$17.22 preferred provider. We are glad to be of
 Health Net Paid : \$17.22 service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

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* THIS IS NOT A BILL *

RA Number : 2003102
 Claim Id : 04-15-2003
 Process Date : 04-15-2003
 Reference Num. : R00113254
 Group Number : 92080A

Subscriber Name:
DONALD S FEUER

Patient Name :
DONALD S FEUER

Provider Name :
JERREE A STROH, M.D.

Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-11-02	PATHOLOGY	\$7.50	\$2.25 23	\$5.25	\$0.00
			\$7.50	\$2.25	\$0.00

- Payment Summary -

Billed : \$7.50 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$2.25 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$5.25 service to you.
 Health Net Paid : \$5.25

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hosp. Sept 2002

Pay
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SEE EXPLANATION OF CODES ON REVERSE SIDE

201947588911325490521866806517



EXPLANATION OF BENEFITS



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* * * A BILL *

DONALD S. FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id :
 Process Date : 04-15-2003
 Reference Num. :
 Group Number :
 Subscriber Name:
 DONALD S FEUER
 Patient Name :
 DONALD S FEUER
 Provider Name :
 CRAIG B MIZES, M.D.
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-07-02	ERPHYSICIAN	\$220.00	\$131.49 23	\$88.51	\$0.00
09-08-02	PROFSERVICE	\$125.00	\$73.22 23	\$51.78	\$0.00
09-09-02	PROFSERVICE	\$80.00	\$48.50 23	\$31.50	\$0.00
		\$425.00	\$253.21	\$171.79	\$0.00

- Payment Summary -

Billed : \$425.00
 Nonallowed : \$253.21
 Allowed : \$171.79
 Member's Responsibility : \$34.36
 Coinsurance : \$34.36
 Health Net Paid : \$137.43

The member's responsibility is for \$34.36 payable to CRAIG B MIZES, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hosp. Sept. 2002

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Health Net

EXPLANATION OF BENEFITS

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Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name: DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : OM P CHAURASIA, M.D., INC.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-08-02	PROFSERVICE	\$350.00	\$187.89 23	\$162.11	\$0.00
09-09-02	PROFSERVICE	\$160.00	\$94.41 23	\$65.59	\$0.00
09-10-02	PROFSERVICE	\$110.00	\$63.97 23	\$46.03	\$0.00
		\$620.00	\$346.27	\$273.73	\$0.00

- Payment Summary -

Billed : \$620.00 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$346.27 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$273.73 service to you.
 Health Net Paid : \$273.73

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hosp. Sept. 2002

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*SEE EXPLANATION OF CODES ON REVERSE SIDE

0939448888113254POS21856666316





Health Net

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Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 2000-
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MICHAEL I MIYAMOTO, M.D.
Provider ID : 95-2794408AI

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-03-02	PATHOLOGY	\$126.00	\$74.14 23	\$51.86	\$0.00
08-03-02	PATHOLOGY	\$72.00	\$50.53 23	\$21.47	\$0.00
08-03-02	PATHOLOGY	\$24.00	\$19.74 23	\$4.26	\$0.00
				\$222.00	\$144.41
					\$77.59
					\$0.00

- Payment Summary -

Billed : \$222.00 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$144.41 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$77.59 service to you.
 Health Net Paid : \$77.59

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Prior to first Hosp. Aug. 2002

Payment
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2002-Mer
2002-Far
2002-Mer



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0019664090113254P0521066486316

EXPLANATION OF BENEFITS



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* THIS IS NOT A BILL *

Adjv "mer"

DONALD S. FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

RA Number : 00000
 Claim Id : 00000
 Process Date : 04-15-2003
 Reference Num. :
 Group Number :
 Subscriber Name:
 DONALD S FEUER
 Patient Name :
 DONALD S FEUER
 Provider Name :
 GLENN R SLOCUM, M.D.
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-08-02	RADIOLOGY	\$52.00	\$34.93 23	\$17.07	\$0.00
09-08-02	RADIOLOGY	\$199.00	\$134.60 23	\$64.40	\$0.00
09-08-02	RADIOLOGY	\$105.00	\$46.07 23	\$58.93	\$0.00
		\$356.00	\$215.60	\$140.40	\$0.00

- Payment Summary -

Billed : \$356.00 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$215.60 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$140.40 service to you.
 Health Net Paid : \$140.40

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
 Provider 95-2662029 R \$140.40

2002-Member Deductible to Date \$1,000.00
 2002-Family Deductible to Date \$1,322.84
 2002-Member Coinsurance to Date \$3,000.00 Lifetime Paid: \$11,148.60

SEE EXPLANATION OF CODES ON REVERSE SIDE

0819447R00113254P05210660163J6



Health Net

EXPLANATION OF BENEFITS

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VAN NUYS, CA 91410-0223
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* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
PATHOLOGY CONSULTANTS MEDICAL
Provider ID : 91-1879977 K

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-11-02	PATHOLOGY	\$667.50	\$339.90 24	\$327.60	\$0.00
09-11-02	PATHOLOGY	\$45.00	\$3.00 24	\$42.00	\$0.00
				\$369.60	\$0.00
				\$342.90	\$369.60

- Payment Summary -

Billed	:	\$712.50	As a Health Net member, you have no further financial responsibility for this claim.
Nonallowed	:	\$342.90	Services were rendered by a Health Net preferred provider. We are glad to be of
Allowed	:	\$369.60	service to you.
Health Net Paid	:	\$369.60	

Description of Nonallowed Codes/Remarks

24 - Non-allowable amount is not the responsibility of the member. See Remarks

Payment(s) Issued To:
 Provider 91-1879977 K \$369.60

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,322.84
2002-Member Coinsurance to Date	\$3,000.00
Lifetime Paid:	\$12,046.07

SEE EXPLANATION OF CODES ON REVERSE SIDE

0119446800113254P0321866896316



Health Net

EXPLANATION OF BENEFITS

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2003010-CH4-052

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

* THIS IS NOT A BILL *

RA Number : 7-10223-0223
Claim Id :
Process Date : 04-15-2003
Reference Num. : P0521866846316
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
PETER M ROTHENBERG, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-10-02	PROFSERVICE	\$250.00	\$250.00 49	\$0.00	\$0.00
09-11-02	PROFSERVICE	\$125.00	\$43.01 23	\$81.99	\$0.00
09-12-02	PROFSERVICE	\$175.00	\$77.15 23	\$97.85	\$0.00
		\$550.00	\$370.16	\$179.84	\$0.00

- Payment Summary -

Billed : \$550.00 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$370.16 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$179.84 service to you.
 Health Net Paid : \$179.84

Description of Nonallowed Codes/Remarks

- 49 - There is no allowance for this procedure due to coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 33-0436090-A \$179.84

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,322.84
2002-Member Coinsurance to Date	\$3,000.00
Lifetime Paid:	\$11,676.47

*SEE EXPLANATION OF CODES ON REVERSE SIDE

0019455R08113254P0521866846316





Health Net

EXPLANATION OF BENEFITS

IFP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id :
 Process Date : 04-15-2003
 Reference Num. : R
 Group Number : 9
 Subscriber Name:
 DONALD S FEUER
 Patient Name :
 DONALD S FEUER
 Provider Name :
 PETER M ROTHENBERG, M.D.
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-06-02	PROFSERVICE	\$325.00	\$122.36 23	\$202.64	\$0.00
09-06-02	PATHOLOGY	\$35.00	\$35.00 37	\$0.00	\$0.00
09-06-02	PROFSERVICE	\$250.00	\$250.00 49	\$0.00	\$0.00
09-07-02	PROFSERVICE	\$375.00	\$129.03 23	\$245.97	\$0.00
09-09-02	PROFSERVICE	\$250.00	\$250.00 49	\$0.00	\$0.00
09-10-02	PROFSERVICE	\$125.00	\$43.01 23	\$81.99	\$0.00
				\$1,360.00	\$829.40
					\$530.60
					\$0.00

- Payment Summary -

Billed : \$1,360.00
 Nonallowed : \$829.40
 Allowed : \$530.60
 Member's Responsibility :
 Coinsurance : \$106.12
 Health Net Paid : \$424.48

The member's responsibility is for \$106.12 payable to PETER M ROTHENBERG, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
- 37 - The allowance for this procedure has been adjusted per coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 49 - There is no allowance for this procedure due to coding and billing guidelines. The non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

Provider 33-0436090-A \$424.48

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,322.84
2002-Member Coinsurance to Date	\$2,918.58
Lifetime Paid:	\$6,451.95

SEE EXPLANATION OF CODES ON REVERSE SIDE

0029456800113254P0621866084316



Health Net

EXPLANATION OF BENEFITS

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2003010-CH4-033

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : C
Claim Id : 2003010-0223-033
Process Date : 04-15-2003
Reference Num. : F0011725
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
07-30-02	PATHOLOGY	\$2.71	\$0.00	\$2.71	\$0.00
07-30-02	PATHOLOGY	\$2.71	\$0.00	\$2.71	\$0.00
07-30-02	PATHOLOGY	\$2.71	\$0.00	\$2.71	\$0.00
07-30-02	PATHOLOGY	\$12.53	\$2.53 23	\$10.00	\$0.00
07-30-02	PATHOLOGY	\$2.71	\$0.00	\$2.71	\$0.00
07-30-02	PATHOLOGY	\$2.71	\$0.00	\$2.71	\$0.00
		\$26.08		\$2.53	
				\$23.55	\$0.00

- Payment Summary -

Billed : \$26.08 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$2.53 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$23.55 service to you.
 Health Net Paid : \$23.55

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 84-0611484-A \$23.55

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$3,000.00 Lifetime Paid: \$14,637.70

*SEE EXPLANATION OF CODES ON REVERSE SIDE

0019453R00115254P0521066806316





Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of:

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : -----
Process Date : 04-15-2003
Reference Num. : -----
Group Number : -----
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D.
Provider ID : -----

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE*	ALLOWED AMOUNT	COPAY AMOUNT
10-02-02	PATHOLOGY	\$97.21	\$97.21 49	\$0.00	\$0.00
10-02-02	PATHOLOGY	\$31.43	\$0.00	\$31.43	\$0.00
10-02-02	PATHOLOGY	\$23.85	\$23.85 49	\$0.00	\$0.00
10-02-02	PATHOLOGY	\$16.11	\$11.11 23	\$5.00	\$0.00
		\$168.60	\$132.17	\$36.43	\$0.00

- Payment Summary -

Billed : \$168.60 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$132.17 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$36.43 service to you.
 Health Net Paid : \$36.43

Description of Nonallowed Codes/Remarks

- 49 - There is no allowance for this procedure due to coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 84-0611484 A \$36.43

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,322.84
2002-Member Coinsurance to Date	\$3,000.00
Lifetime Paid:	\$12,493.82

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of : 759

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num.
Group Number : 920
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP. OF AMERICA-S.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
10-02-02	PATHOLOGY	\$97.21	\$58.69 23	\$38.52	\$0.00
10-02-02	PATHOLOGY	\$31.43	\$0.00	\$31.43	\$0.00

\$128.64 \$58.69 \$69.95 \$0.00

- Payment Summary -

Billed	:	\$128.64	As a Health Net member, you have no further financial responsibility for this claim.
Nonallowed	:	\$58.69	Services were rendered by a Health Net preferred provider. We are glad to be of
Allowed	:	\$69.95	service to you.
Health Net Paid	:	\$69.95	

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 84-0611484 A \$69.95

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,322.84
2002-Member Coinsurance to Date	\$3,000.00
Lifetime Paid:	\$12,428.54

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : P00112254
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA S.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
10-02-02	PATHOLOGY	\$97.21	\$97.21 49	\$0.00	\$0.00
10-02-02	PATHOLOGY	\$31.43	\$0.00	\$31.43	\$0.00
10-02-02	PATHOLOGY	\$23.85	\$23.85 49	\$0.00	\$0.00
10-02-02	PATHOLOGY	\$16.11	\$11.11 23	\$5.00	\$0.00
		\$168.60		\$132.17	
				\$36.43	\$0.00

- Payment Summary -

Billed	:	\$168.60	As a Health Net member, you have no further financial responsibility for this claim.
Nonallowed	:	\$132.17	Services were rendered by a Health Net preferred provider. We are glad to be of
Allowed	:	\$36.43	service to you.
Health Net Paid	:	\$36.43	

Description of Nonallowed Codes/Remarks

- 49 - There is no allowance for this procedure due to coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 84-0611484-A \$36.43

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,322.84
2002-Member Coinsurance to Date	\$3,000.00
Lifetime Paid:	\$12,493.82

*SEE EXPLANATION OF CODES ON REVERSE SIDE

8019432R00135254P0521866406316



Health Net®

EXPLANATION OF BENEFITS

IPP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

Adjustment of -

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name: DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : LABORATORY CORP OF AMERICA-S.
Provider ID : 8

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
10-02-02	PATHOLOGY	\$23.85	\$0.00	\$23.85	\$0.00
10-02-02	PATHOLOGY	\$16.11	\$11.11 23	\$5.00	\$0.00
		\$39.96	\$11.11	\$28.85	\$0.00

- Payment Summary -

Billed : \$39.96 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$11.11 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$28.85 service to you.
 Health Net Paid : \$28.85

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 84-0611484 A \$28.85

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,322.84
2002-Member Coinsurance to Date	\$3,000.00
Lifetime Paid:	\$12,457.39

*SEE EXPLANATION OF CODES ON REVERSE SIDE

0019451R00113254P0521866006316

MADE C-HECK PAYABLE TO

STATEMENT

IF PAYING BY MASTERCARD OR VISA,
FILL OUT BELOW

CHECK CARD USING FOR PAYMENT	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	



MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM
PHONE #: 949 643-3348

0000054353 ****AUTO** 3-DIGIT 926
13669783
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2787

13669783

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
8/19/02	13669783	794.8	DONALD FEUER

DATE	CPT	DESCRIPTION	AMOUNT
08/06/02	88307	SURG PATH:LEVEL V	190.00
08/06/02	88313	SPECIAL STAIN GRP II	40.00
08/10/02	88305	SURG PATH:LEVEL IV	1,050.00
08/26/02	88305	SURG PATH:LEVEL IV	525.00

YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT. OR REMIT YOUR PAYMENT BY RETURN MAIL.	AMOUNT DUE
	1805.00

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET SELECT POS
SECONDARY INS:

PHONE #: 6
TAX ID: 6
REFERRING PHYSICIAN: DR. ANDREW B2691

Mission Hospital

ST. JOSEPH
HEALTH SYSTEM

27700 Medical Center Road
Mission Viejo, CA 92691-9966

Statement is for services provided at:
Mission Hospital Regional Medical Center

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

185

|||||

Mission Hospital

ST. JOSEPH
HEALTH SYSTEM

27700 Medical Center Road
Mission Viejo, CA 92691-9966

Statement is for services provided at:
Mission Hospital Regional Medical Center

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

187

|||||

PATIENT'S NAME

DONALD FEUER

DATE OF SERVICE

08/26/02

ACCOUNT NUMBER

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

YOUR INSURANCE HAS MADE PAYMENT. WE
WOULD APPRECIATE YOUR PAYMENT IN FULL.
FINANCIAL ARRANGEMENTS ARE NEGOTIATED
BY CONTACTING OUR CREDIT DEPARTMENT
IMMEDIATELY. THANK YOU.

Questions about your bill?

PATIENT'S NAME

DONALD FEUER

DATE OF SERVICE

08/26/02

ACCOUNT NUMBER

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

WE HAVE BILLED YOUR INSURANCE AND A
BALANCE IS STILL OUTSTANDING. PLEASE
CONTACT YOUR INSURANCE COMPANY TO
ENSURE PROMPT PAYMENT. THANK YOU.

Questions about your bill?

PLEASE CONTACT: (949) 365-2197

POSTING DATE	DESCRIPTION	AMOUNT	
04/29/03	Balance Forward	666.85	
STATEMENT DATE	ACCOUNT BALANCE	ESTIMATED DUE FROM INSURANCE	AMOUNT DUE FROM PATIENT
05/30/03	666.85	166.71	500.14

PHYSICIANS CHARGES ARE BILLED SEPARATELY.

Please refer to the back of this statement for other important billing information.

Please Pay ► \$ 500.14

Pay By Date ► 06/30/03

STATEMENT

MAKE CHECK PAYABLE TO

MISSION INTERNAL MED. GRP. INC
27451 LOS ALTOS #100
MISSION VIEJO, CA 92691

IF PAYING BY MASTERCARD OR VISA,
FILL OUT BELOW

CHECK CARD U.S. OR FOR PAYMENT	MASTERCARD	VISA
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	

OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM.
PHONE #: 949 643-3348

11/14/02	35.00
STATEMENT DATE	ACCOUNT NUMBER

PAY THIS AMOUNT

0000014573 ****AUTO** 3-DIGIT 926
 00097891
 DONALD S FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

00037891
 MISSION INTERNAL MED. GRP. INC
 27451 LOS ALTOS #100
 MISSION VIEJO, CA 92691

Please check box if above address is incorrect or insurance
information has changed and indicate changes on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
11/14/02		786.58	DONALD FEUER

DATE	CPT	DESCRIPTION	AMOUNT
08/03/02	93010	EKG INTERPRETATION	35.00

YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL.	AMOUNT DUE
	35.00

SERVICES RENDERED BY: MISSION INTERNAL MED. GRP. INC
27451 LOS ALTOS #100
MISSION VIEJO, CA 92691

PRIMARY INS: HEALTHNET SELECT POS.
SECONDARY INS:

PHONE #: 949 643-3348

TAX ID: 95-2794408

REFERRING PHYSICIAN: NIYANOTO, MICHAEL I M.D.

STATEMENT

MAKE CHECK PAYABLE TO:

MISSION INTERNAL MED. GRP. INC
27451 LOS ALTOS #100
MISSION VIEJO, CA 92691

IF PAYING BY MASTERCARD OR VISA,
FILL OUT BELOW

CHECK CARD USING FOR PAYMENT		<input type="checkbox"/> MASTERCARD	<input checked="" type="checkbox"/> VISA
CARD NUMBER		AMOUNT	
SIGNATURE		EXP. DATE	
1/09/03		35.00	
STATEMENT DATE		ACCOUNT	PAY THIS AMOUNT



OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM
PHONE #: 949 643-3348

0000023681 ****AUTO** 3-DIGIT 926

00037891

DONALD S FEUER

10 VIA TUNAS

SAN CLEMENTE, CA 92673-2737

00037891

MISSION INTERNAL MED. GRP. INC

27451 LOS ALTOS #100

MISSION VIEJO, CA 92691

Please check box if above address is incorrect or Insurance information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
1/09/03	00037891	788.99	DONALD FEUER

DATE	CPT	DESCRIPTION	AMOUNT
08/03/02	93010	EKG INTERPRETATION	35.00

Your Insurance has not responded to our
requests for payment. Please contact
them regarding payment. Thank You.

AMOUNT
DUE
35.00

SERVICES RENDERED BY: MISSION INTERNAL MED. GRP. INC
27451 LOS ALTOS #100
MISSION VIEJO, CA 92691

PRIMARY INS: HEALTHNET SELECT POS
SECONDARY INS:

PHONE #: 949 643-3348

TAX ID: 95-2784408

REFERRING PHYSICIAN: MIYAMOTO, MICHAEL Z M.D.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
10/17/02		786.59	DONALD FEUER

DATE	CPT	DESCRIPTION	AMOUNT
08/09/02	93010	EKG INTERPRETATION	95.00
<p>pd CK 8041 12/10/02</p>			

For your convenience, we have billed
your insurance carrier. If not paid
within 30 days, we must look to you
for full payment. Thank you.

AMOUNT
DUE

35.00

SERVICES RENDERED BY: MISSION INTERNAL MED. GRP. INC
27481 LOS ALTOS #100
MISSION VIEJO, CA 92691

PRIMARY INS: HEALTHNET SELECT POS
SECONDARY INS:

PHONE #: 949 643-3348

TAX ID: 95-2784408

REFERRING PHYSICIAN: MIYAMOTO, MICHAEL I M.D.



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP / PPO
P. O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2002339-CH4-061

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : 1
Claim Id : 2
Process Date : 0
Reference Num. : R 111
Group Number : 9
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-29-02	PROFSERVICE	\$84.00	\$21.00 23	\$63.00	\$20.00
08-29-02	PATHOLOGY	\$18.00	\$4.50 23	\$13.50	\$0.00
08-29-02	INTEREST	\$2.80	\$0.00	\$2.80	\$0.00

\$104.80 \$25.50 \$79.30 \$20.00

- Payment Summary -

Billed : \$104.80
Nonallowed : \$25.50
Allowed : \$79.30
Member's Responsibility
 Deductible : \$13.50
 Copayment : \$20.00
Health Net Paid : \$45.80

The member's responsibility is for \$33.50 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: * INTEREST PAID AMOUNT REPRESENTS
15% PER ANNUM, AS INTEREST PAYMENT
TO COMPLY WITH THE PROMPT PAYMENT LEGISLATION.

Payment(s) Issued To:
Provider 95-2653450 A \$45.80

2002-Member Deductible to Date	\$309.34
2002-Family Deductible to Date	\$1,309.34
2002-Member Coinsurance to Date	\$80.00 Lifetime Paid: \$551.24

*SEE EXPLANATION OF CODES ON REVERSE SIDE

2017800000113254P0505710005543





Health Net

EXPLANATION OF BENEFITS

I F P / P P O
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2002339-CH4-062

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

* THIS IS NOT A BILL *

RA Number	:	C
Claim Id	:	2.....CA
Process Date	:	04-08-2003
Reference Num.	:	R00111
Group Number	:	
Subscriber Name	:	DONALD S FEUER
Patient Name	:	DONALD S FEUER
Provider Name	:	BRISTOL PARK MEDICAL GRO
Provider ID	:	

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-30-02	PROFSERVICE	\$131.00	\$32.41 23	\$98.59	\$20.00
09-30-02	PATHOLOGY	\$18.00	\$4.50 23	\$13.50	\$0.00
09-30-02	INTEREST	\$3.80	\$0.00	\$3.80	\$0.00
		\$152.80	\$36.91	\$115.89	\$20.00

- Payment Summary -

Billed	\$152.80	payable to BRISTOL PARK MEDICAL GROUP INC.
Nonallowed	\$36.91	Services were rendered by a Health Net
Allowed	\$115.89	preferred provider. We are glad to be of
Member's Responsibility		service to you.
Deductible	\$13.50	
Copayment	\$20.00	
Health Net Paid	\$82.39	

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: * INTEREST PAID AMOUNT REPRESENTS
15% PER ANNUM, AS INTEREST PAYMENT
TO COMPLY WITH THE PROMPT PAYMENT LEGISLATION.

Payment(s) Issued To:
Provider 95-2653450 A \$82.39

2002-Member	Deductible to Date	\$322.94
2002-Family	Deductible to Date	\$1,322.84
2002-Member	Coinsurance to Date	\$100.00
		Lifetime Paid: \$629.83

SEE EXPLANATION OF CODES ON REVERSE SIDE

12037881890113254905957311E543



Health Net

EXPLANATION OF BENEFITS

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : I
Group Number : 6
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-30-02	PROFSERVICE	\$131.00	\$32.41 23	\$98.59	\$0.00
09-30-02	PATHOLOGY	\$18.00	\$4.50 23	\$13.50	\$0.00
		\$149.00	\$36.91	\$112.09	\$0.00

- Payment Summary -

Billed : \$149.00 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$36.91 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$112.09 service to you.
 Health Net Paid : \$112.09

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

Provider \$112.09

2002-Member Deductibl	to Date	\$1,000.00
2002-Family Deductibl	to Date	\$1,322.84
2002-Member Coinsuraj	to Date	\$3,000.00 Lifetime Paid: \$12,358.59

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

IPP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

*** THIS IS NOT A BILL ***

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 00000000
Process Date : -15-2003
Reference Num. : 000000
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
10-31-02	PROFSERVICE	\$84.00	\$21.00 23	\$63.00	\$0.00

\$84.00	\$21.00	\$63.00	\$0.00
---------	---------	---------	--------

- Payment Summary -

Billed	:	\$84.00	As a Health Net member, you have no further financial responsibility for this claim.
Nonallowed	:	\$21.00	Services were rendered by a Health Net
Allowed	:	\$63.00	preferred provider. We are glad to be of
Health Net Paid	:	\$63.00	service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$63.00

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,322.84
2002-Member Coinsurance to Date	\$3,000.00
Lifetime Paid:	\$12,556.82

SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Printed on 04-15-2003 at 10:20 AM

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number : 1234567
 Claim Id : 23456789
 Process Date : 04-15-2003
 Reference Num. : P
 Group Number : 5
 Subscriber Name : DONALD S FEUER
 Patient Name : DONALD S FEUER
 Provider Name : BRISTOL PARK MEDICAL GROUP INC
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-03-02	PROFSERVICE	\$96.00	\$30.98 23	\$65.02	\$0.00

\$96.00 \$30.98 \$65.02 \$0.00

- Payment Summary -

Billed	\$96.00	As a Health Net member, you have no further financial responsibility for this claim.
Nonallowed	\$30.98	Services were rendered by a Health Net preferred provider. We are glad to be of
Allowed	\$65.02	service to you.
Health Net Paid	\$65.02	

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

\$65.02

2002-Member Deductibl to Date	\$1,000.00
2002-Family Deductibl to Date	\$1,322.84
2002-Member Coinsuran to Date	\$3,000.00
	Lifetime Paid: \$14,702.72

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

THIS IS NOT A BILL

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : P
Group Number : S
Subscriber Name : DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-04-02	PROFSERVICE	\$96.00	\$30.98 23	\$65.02	\$0.00
08-04-02	ERPHYSICIAN	\$35.00	\$8.75 23	\$26.25	\$0.00
				\$131.00	\$39.73
					\$91.27
					\$0.00

- Payment Summary -

Billed : \$131.00 As a Health Net member, you have no further financial responsibility for this claim.
 Nonallowed : \$39.73 Services were rendered by a Health Net preferred provider. We are glad to be of
 Allowed : \$91.27 service to you.
 Health Net Paid : \$91.27

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

Provider 95-2653450 A \$91.27

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,322.84
2002-Member Coinsurance to Date	\$3,000.00
Lifetime Paid:	\$14,871.58



SAN CLEMENTE
HOSPITAL & MEDICAL CENTER

654 Camino de los Mares (949) 496-1122
San Clemente, CA 92673 (949) 489-4803
www.sanclementehospital.com

.01/02/03.

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92672

Dear DONALD FEUER

Please see remarks. The amount listed below is your account balance.

Donald Feuer

Patient #

Date of Service: **09/07/02**

Date of Discharge: **09/12/02**

Amount: **\$4225.00**

Remarks:

YOUR INS HAS NOT MADE PAYMENT! PLEASE
CONTACT YOUR INS COMPANY OR YOUR
EMPLOYER. DEDUCTIBLE AND COINSURANCE
IS YOUR RESPONSIBILITY. THANK YOU!

Thank You for choosing San Clemente Hospital for your healthcare needs.

**YOUR INSURANCE
HAS BEEN BILLED**



Health Net

EXPLANATION OF BENEFITS

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

Attachment of:

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 2003
Process Date : 04-15-2003
Reference Num. : R0
Group Number : 9
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-07-02	PATHOLOGY	\$8.50	\$5.52 23	\$2.98	\$0.00
09-07-02	PATHOLOGY	\$13.50	\$6.84 23	\$6.66	\$0.00
09-07-02	PATHOLOGY	\$12.50	\$7.13 23	\$5.37	\$0.00
09-07-02	PATHOLOGY	\$11.50	\$1.44 23	\$10.06	\$0.00
		\$46.00		\$20.93	
					\$25.07
					\$0.00

- Payment Summary -

Billed	:	\$46.00
Nonallowed	:	\$20.93
Allowed	:	\$25.07
Member's Responsibility	:	
Coinsurance	:	\$5.01
Health Net Paid	:	\$20.06

The member's responsibility is for \$5.01 payable to JERREE A STROH, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 91-1879977 L \$20.06

2002-Member Deductible to Date	\$1,000.00
2002-Family Deductible to Date	\$1,322.84
2002-Member Coinsurance to Date	\$2,923.59
Lifetime Paid:	\$6,472.01

SEE EXPLANATION OF CODES ON REVERSE SIDE

2019467800313254P0S21866986317

MAKE CHECKS PAYABLE TO:

DIGITAL&RADIOLOGIC IMAGING ASSOC S I
PO BOX 3148
MISSION VIEJO CA 92690-1148

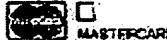
ADDRESS SERVICE REQUESTED

LAST PMT: 12/18/02
AMOUNT: 100.00

Please check box if your address is incorrect or insurance information has changed, please indicate change(s) on reverse side.

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT



MASTERCARD



DISCOVER



VISA

CARD NUMBER

AMOUNT

SIGNATURE

EXP. DATE

STATEMENT DATE

01/15/03

PAY THIS AMOUNT

\$902.55

ACCT. #

PAGE NO. 1

SHOW AMOUNT PAID HERE \$

300-12

ADDRESSEE:

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673

REMIT TO:

DIGITAL&RADIOLOGIC IMAGING ASSOC S I
PO BOX 3148
MISSION VIEJO CA 92690-1148

0555694B F486

PLEASE DETACH AT PERP AND RETURN TOP PORTION WITH YOUR PAYMENT.

STATEMENT

Date of Service	Patient	Date Ins Billed	Code	Loc	Description	Diag.	Charge	Insurance Receipts	Patient Receipts	Adjust.	Balance
08/03/02	DONALD		62270	1	SPINAL PUNCTURE LUMBAR	780.6	239.00		100.00	19.63	119.37
08/03/02	DONALD		76005	1	Patient Coinsurance	780.6	101.00			70.15	30.85
08/05/02	DONALD	08/20/02	74150	1	FLUORO GUID/LOC NEEDLE/CATH, SPINE	518.0	199.00			4.25	199.00
08/05/02	DONALD		47000	1	Patient Coinsurance	573.9	437.00	251.57			181.18
08/05/02	DONALD		76942	1	BIOPSY LIVER, PERCUTANEOUS	573.9	108.00	29.11		71.61	7.28
08/03/02	DONALD		70553	1	US GUIDANCE-NEEDLE PLANT, S & I	573.9	414.00				414.00
09/05/02	DONALD	09/10/02	74265	1	UGI W/ SMALL INTESTINE INCL SERIAL	560.1	153.00	35.46		108.57	8.87
09/08/02	DONALD		74022	8	ABDOMEN COMPLETE W/PA CHEST	789.00	52.00				52.00
09/08/02	DONALD		74150	8	CT ABDOMEN W/O CONTRAST	555.9	199.00				199.00
09/08/02	DONALD		72192	8	CT PELVIS LIMITED, W/O CONTRAST	555.9	105.00				105.00

**** Payment Due Upon Receipt *** Thank You ****

Current	30-60 Days	60-90 Days	90-120 Days	120 DAYS +	Total Balance	Ins. Pending	PATIENT DUE
0.00							\$902.55

Location Codes:

- 01 MISSION HOSP REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR
- 09 GARDEN GROVE HOSPITAL
- 10 GARDEN GROVE IMAGING CTR
- 11 MISSION REGIONAL IMAGING CTR
- 12 COMMUNITY ORTHOPEDIC MED CTR

Message

Please contact us if there is insurance coverage that may cover any of the outstanding services. Thank you for your cooperation.

Make Checks Payable To:

DIGITAL&RADIOLOGIC IMAGING ASSOC S I
PO BOX 3148
MISSION VIEJO CA 92690-1148

Billing Questions

Federal Tax Id

MAKE CHECKS PAYABLE TO:

DIGITAL&RADIOLOGIC IMAGING ASSOC'S I
PO BOX 3148
MISSION VIEJO CA 92690-1148

ADDRESS SERVICE REQUESTED

LAST PMT: 09/17/02

AMOUNT: 68.07

Please check box if your address is incorrect or insurance information has changed, please indicate change(s) on reverse side

ADDRESSEE:

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT	
<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
CARD NUMBER	
SIGNATURE	
STATEMENT DATE	PAY THIS AMOUNT
12/04/02	\$646.55
ACCT. #	
PAGE NO. 1	
SHOW AMOUNT PAID HERE \$	

500112

REMIT TO:

DIGITAL&RADIOLOGIC IMAGING ASSOC'S I
PO BOX 3148
MISSION VIEJO CA 92690-1148

05382650 F486

PLEASE DETACH AT PERP AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

Date of Service	Patient	Date Ins Billed	Code	Loc	Description	Diag.	Charge	Insurance Receipts	Patient Receipts	Adjust.	Balance
08/03/02	DONALD	08/13/02	62270	1	SPINAL PUNCTURE LUMBAR	780.6	239.00			19.63	219.37
08/03/02	DONALD	08/13/02	76005	1	PATIENT COINSURANCE	780.6	101.00			70.15	30.85
08/03/02	DONALD		IPMRI	2	FLUORO/GUID/LOC NEEDLE/CATH, SPINE	780.6					
08/08/02	DONALD	08/20/02	74150	1	INPATIENT MRI	780.6					
08/05/02	DONALD	08/29/02	47000	1	CT ABDOMEN W/O CONTRAST	518.0	199.00			4.25	199.00
08/05/02	DONALD	08/29/02	47000	1	BIOPSY LIVER, PERCUTANEOUS	573.9	437.00	251.57			181.15
08/05/02	DONALD	08/29/02	76942	1	PATIENT COINSURANCE	573.9	108.00	29.11		71.61	7.28
08/05/02	DONALD	09/10/02	70555	1	US GUIDANCE-NEEDLE PLANT, S & J	573.9					
09/05/02	DONALD	09/24/02	74245	1	MRI BRAIN OR HEAD W/ S W/O CONTRAST	461.2	414.00			108.67	414.00
09/05/02	DONALD	09/24/02	74245	1	UGI W/ SMALL INTESTINE- INCL SERIAL	560.1	153.00	35.46			8.87
09/08/02	DONALD	10/10/02	74022	8	PATIENT COINSURANCE	573.9					
09/08/02	DONALD	10/10/02	74150	8	ABDOMEN COMPLETE W/PA CHEST	789.00	52.00				52.00
09/08/02	DONALD	10/10/02	72192	8	CT ABDOMEN W/O CONTRAST	555.9	199.00				199.00
					CT PELVIS LIMITED, W/O CONTRAST	555.9	105.00				105.00

**** Balance is OVERDUE - Please Remit or Contact us Immediately ****

Current	30-60 Days	60-90 Days	90-120 Days	120 Days +	Total Balance	Due Date	PATIENT DUE
0.00							\$646.55

Location Codes:

- 01 MISSION HOSP REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR
- 09 GARDEN GROVE HOSPITAL
- 10 GARDEN GROVE IMAGING CTR
- 11 MISSION REGIONAL IMAGING CTR
- 12 COMMUNITY ORTHOPEDIC MED CTR

Message

Please contact us if there is insurance coverage that may cover any of the outstanding services. Thank you for your cooperation.

Make Checks Payable To:

DIGITAL&RADIOLOGIC IMAGING ASSOC'S I
PO BOX 3148
MISSION VIEJO CA 92690-1148

Billing Questions

(949) 348-1103

Federal Tax Id

952662029

MAKE CHECKS PAYABLE TO:

DRIA
PO BOX 3148
MISSION VIEJO CA 92690-1148

ADDRESS SERVICE REQUESTED

LAST PMT: 04/16/03
AMOUNT: 50.00

Please check box if your address is incorrect or insurance information has changed; please indicate change(s) on reverse side.

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT	
<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT
04/30/03	\$910.55
ACCT. #	
349377	
PAGE NO. 1	
SHOW AMOUNT PAID HERE \$	

300112

ADDRESSEE:

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673

REMIT TO:

DRIA
PO BOX 3148
MISSION VIEJO CA 92690-1148

06012956.F486

PLEASE DETACH AT PERP AND RETURN TO POSITION WITH YOUR PAYMENT

STATEMENT

Date of Service	Patient	Date Item Billed	Code	Loc	Description	Diag	Charge	Insurance Receipts	Patient Receipts	Adjust	Balance
08/03/02	DONALD		62270	49	SPINAL FRACTURE LUMBAR		780.00	230.00	50.00	195.00	69.36
					Patient Coinsurance						
08/03/02	DONALD		70000	49	FLUORO GUID/ACC NEEDLE CATHER DRIP	700.00	101.00			70.15	30.85
					Patient Coinsurance						
08/08/02	DONALD	08/20/02	74150	19	CT ABDOMEN W/O CONTRAST	518.00	199.00				199.00
08/05/02	DONALD		67000	4	Biopsy-LIVER, PERCUTANEOUS	573.00	437.00	251.57		4.25	181.18
08/05/02	DONALD		76942	4	US/GUIDANCE-NEEDLE-PICHT 6%	573.00	108.00	29.11		71.61	7.28
					Patient Coinsurance						
08/03/02	DONALD		70553	5	MRI-BRAIN OR HEAD W/CSF W/O CONTRAST	611.00	414.00				414.00
09/05/02	DONALD		74245	10	UGI W/ SMALL INTESTINE (INCL SERIAL)	560.00	153.00	35.48		106.67	8.87
					Patient Coinsurance						
09/08/02	DONALD		74022	76	ABDOMEN COMPLETE W/PA CHEST	789.00	52.00	17.07		34.93	
09/08/02	DONALD		74180	76	CT ABDOMEN W/O CONTRAST	555.00	199.00	64.40		134.60	
09/08/02	DONALD		72192	76	CT PELVIS LIMITED, W/O CONTRAST	555.00	105.00	50.93		44.07	

** Payment Due Upon Receipt ** Thank You **

Current	30-60 Days	60-90 Days	90-120 Days	120+ Days	Total Balance	Ins. Pending	PATIENT DUE
0.00							\$910.55

Location Codes:

- 01 MISSION HOSP REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR
- 09 GARDEN GROVE HOSPITAL
- 10 GARDEN GROVE IMAGING CTR
- 11 MISSION REGIONAL IMAGING CTR
- 12 COMMUNITY ORTHOPEDIC MED CTR

Message

Make Checks Payable To:

DRIA
PO BOX 3148
MISSION VIEJO CA 92690-1148

Billing Questions

(949) 475-8814

Federal Tax Id

952662029

Date of Service	Patient	Date Billed	Code	Description	Diag.	Charge	Insurance Received	Patient Receipts	Adjust.	Balance
08/03/02	DONALD	08/13/02	62270	SPINAL PUNCTURE LUMBAR		780.6	239.00		9.33	219.37
08/05/02	DONALD	08/13/02	76005	FLUORO-GUID LOC NEEDLE/CATH, SPINE		780.6	101.00		70.15	30.53
08/05/02	DONALD	11/04/01	2	PATIENT NRIC		780.6				
08/06/02	DONALD	08/20/02	74150	CT ABDOMEN W/O CONTRAST		518.0	199.00			199.00
08/05/02	DONALD	08/29/02	67000	BIOPSY LIVER, PERCUTANEOUS		573.9	437.00	21.07	6.22	181.18
08/05/02	DONALD	08/29/02	76042	US GUIDANCE NEEDLE PICHT S & I		573.9	108.00	29.11	71.61	7.28
08/05/02	DONALD	09/10/02	70853	MR BRAIN OR NECK W/ C/W/O CONTRAST		661.2	414.00			414.00
09/05/02	DONALD	09/24/02	76245	UGI W/ SMALL INTESTINE INCL SERIAL		560.1	153.00	35.66	108.67	8.87
09/08/02	DONALD	10/10/02	74022	ABDOMEN COMPLETE W/PA CHEST		789.00	52.00			52.00
09/08/02	DONALD	10/10/02	74150	CT ABDOMEN W/O CONTRAST		555.9	199.00			199.00
09/08/02	DONALD	10/10/02	72192	CT PELVIS LIMITED, W/O CONTRAST		555.9	105.00			105.00

** Balance is OVERDUE - Please Remit or Contact us Immediately **

Current	30-60 Days	60-90 Days	90-120 Days	120 DAYS +	Total Balance	Ins Pending	PATIENT DUE	
197.33				0.00	0.00	1416.55	770.00	\$646.55

Location Codes:

- 01 MISSION HOSP REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR

PP \$ 100
12/10/02

Message

We have undergone a system conversion which enables us to send you one statement for all service locations. If you have questions, please contact us at the number below.

Make Checks Payable To:

DIGITAL & RADIOLOGIC IMAGING ASSOC'S
PO BOX 3148
MISSION VIEJO CA 92690-3148

Billing Questions

(949) 348-1103

Federal Tax Id

Service Date	Patient Name	Service Date	Code	Description	Diag	Charge	Insurance	Receipts	Balance	Adjust	Balance
08/03/02	DONALD		76005	49 FLUORO QUID LOC NEEDLE/CATH SPINE	780.6	104.00		30.63	70.15	-22	
08/06/02	DONALD	08/20/02	74150	119 CT ABDOMEN W/O CONTRAST	513.0	199.00					199.00
08/05/02	DONALD		70000	4 BIOPSY LIVER - PERCUTANEOUS	573.9	437.00	251.57		4.25	101.18	
08/05/02	DONALD		75942	4 US GUIDANCE NEEDLE PLANT S & I	573.9	108.00	29.11		71.61	-7.28	
08/03/02	DONALD	05/04/03	70553	5 MRI BRAIN OR HEAD W/ & W/O CONTRAST	461.2	416.00			64.00		
09/06/02	DONALD		74265	10 UGI W/ SMALL INTESTINE INCL SERIAL	560.1	153.00	35.46		108.67	8.87	
				Patient Coinsurance							

** Payment Due Upon Receipt ** Thank You **

Current	30 Day	90-120 Days	120 Days +	Total Balance	Ins. Pending	PATIENT DUE
	30.63				0.00	\$396.55

Provider Codes:

- 01 MISSION HOSP REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR
- 09 GARDEN GROVE HOSPITAL
- 10 GARDEN GROVE IMAGING CTR
- 11 MISSION REGIONAL IMAGING CTR
- 12 COMMUNITY ORTHOPEDIC MED CTR

Message

Billing Quest. 263-8625
ext 295

Make Checks Payable To:

DRIA
PO BOX 3148
MISSION VIEJO, CA 92690-3148

Billing Questions

(949) 475-8814

Federal Tax Id

95-2662029

10466-F486-0220UZZG002126

PLEASE DETACH AT PERE AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

FAX 714-362-1148

Date of Service	Patient	Date Ins Billed	Code	Loc	Description	Diag.	Charge	Insurance Receipts	Patient Receipts	Adjust.	Balance
08/03/02	DONALD		62270	49	SPINAL PUNCTURE LUMBAR Patient Coinsurance	780.6	239.00		100.00	19.63	119.37
08/03/02	DONALD		76005	49	FLUORO-GUID/LOC NEEDLE/CATH, SPINE Patient Coinsurance	780.6	101.00			70.15	30.85
08/08/02	DONALD	08/20/02	74150	119	CT ABDOMEN W/O CONTRAST	518.0	199.88	DTL	deductable		199.00
08/05/02	DONALD		47000	4	BIOPSY LIVER, PERCUTANEOUS Patient Coinsurance	573.9	537.00	251.57		4.25	181.78
08/05/02	DONALD		76962	4	US GUIDANCE-NEEDLE PLANT, S & I Patient Coinsurance	573.9	108.00	29.11		71.61	7.28
08/03/02	DONALD		70553	5	MRI BRAIN OR HEAD W/ & W/O CONTRAST	461.2	414.00	DR Turner - Resubmit			414.00
09/05/02	DONALD		74245	10	UGI W/ SMALL INTESTINE INCL SERIAL	560.1	153.00	35.66		108.67	8.87
09/08/02	DONALD		74022	76	ABDOMEN COMPLETE W/PA CHEST	789.00	52.00				52.00
09/08/02	DONALD		74150	76	CT ABDOMEN W/O CONTRAST	555.9	199.00				199.00
09/08/02	DONALD		72192	76	CT PELVIS LIMITED, W/D CONTRAST	555.9	105.00				105.00

** Balance is OVERDUE - Contact us or be Referred to COLLECTION AGENCY **

Current	30-60 Days	60-90 Days	90-120 Days	120 DAYS +	Total Balance	Ins Pending	PATIENT DUE
					0.00		41316.55

Location Codes:

- 01 MISSION HOSP REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR
- 09 GARDEN GROVE HOSPITAL
- 10 GARDEN GROVE IMAGING CTR
- 11 MISSION REGIONAL IMAGING CTR
- 12 COMMUNITY ORTHOPEDIC MED CTR

Message

\$ 41316.55

asked Dr. Stoeber to provide
will send a new statement and resubmit
the MRI (8/3/02)

Make Checks Payable To:

DRIA-MRIC
PO BOX 3148
MISSION VIEJO CA 92690-3148

Billing Questions

(949) 348-1103

Federal Tax Id

952662029

per \$100-
8191

Date of Service	Patient	Date Billed	CPT	Description	Diag	Charge	Insurance Receipts	Patient Receipts	Adjust	Balance
08/03/02	DONALD		62270	49 SPINAL PUNCTURE-LUMBAR PATIENT CO-INSURANCE	780.6	239.00	100.00	19.63	119.37	
08/03/02	DONALD		70005	49 FLUORO-GUIDED NEEDLE/CATH. SPINE PATIENT CO-INSURANCE	780.6	101.00		70.15	30.85	
08/08/02	DONALD	08/20/02	76150	119 CT ABDOMEN W/O CONTRAST	518.0	199.00			199.00	
08/05/02	DONALD		70000	2 BIOPSY LIVER- PERCUTANEOUS PATIENT CO-INSURANCE	573.9	437.00	21.57	6.25	181.18	
08/05/02	DONALD		76962	2 US-GUIDANCE-NEEDLE-PLEMT, S-6-1 PATIENT CO-INSURANCE	573.9	108.00	29.11	71.61	7.26	
08/03/02	DONALD		70553	5 MRI-BRAIN OR HEAD W/ & W/O CONTRAST	461.2	414.00			414.00	
09/05/02	DONALD		76245	10 USI W/ SKULL-TEST ME INCL SERIAL	560.1	153.00	35.44	108.67	8.87	
09/08/02	DONALD		76022	76 ABDOMEN- COMPLETE W/PA CHEST	789.00	52.00			52.00	
09/08/02	DONALD		76150	76 CT ABDOMEN W/O CONTRAST	555.9	199.00			199.00	
09/08/02	DONALD		77192	76 CT PELVIS-LIMITED, W/O CONTRAST	555.9	105.00			105.00	

** Balance is OVERDUE - Contact us or be Referred to COLLECTION AGENCY **

Current	30-60 Days	60-90 Days	90+ Days	Total Balance	Inc Pending	PATIENT DUE
				356.00	546.5	.55

Location Codes:

- 01 MISSION HOSP REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR
- 09 GARDEN GROVE HOSPITAL
- 10 GARDEN GROVE IMAGING CTR
- 11 MISSION REGIONAL IMAGING CTR
- 12 COMMUNITY ORTHOPEDIC MED CTR

Message

Make Checks Payable To:

DRIA-MRIC
PO BOX 3148
MISSION VIEJO CA 92690-3148

Billing Questions:

(949) 263-8625

Federal Tax Id

952662029



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : 22...
Claim Id : 1...
Process Date : 09-30-2002
Subscriber ID : 1...
Group Number : 1...
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JUSTIN H EKUAN, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-06-02	PATHOLOGY	\$190.00	\$115.22 23	\$74.78	\$0.00
08-06-02	PATHOLOGY	\$40.00	\$17.50 23	\$22.50	\$0.00
		\$230.00		\$132.72	
				\$97.28	\$0.00

- Payment Summary -

Billed	:	\$230.00
Nonallowed	:	✓ \$132.72
Allowed	:	✓ \$97.28
Member's Responsibility	:	<u>\$19.46</u>
Coinurance	:	
Health Net Paid	:	\$77.82

The member's responsibility is for \$19.46 payable to JUSTIN H EKUAN, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement. non-allowable amount is not the responsibility of the member.

Remarks: PCC

Payment(s) Issued To:
Provider 95 \$77.82

2002-Member Deductibl to Date \$1,000.00
2002-Family Deductibl to Date \$1,173.75
2002-Member Coinsuran to Date \$344.78 Lifetime Paid:

*SEE EXPLANATION OF CODES ON REVERSE SIDE

Patient: FEUERDate: 7/10/02

Physician Ordering Transfer:

Physician Accepting Patient:

Receiving Facility: NYC

Diagnosis:

Reason for Transfer: ICU

Vital Signs on Transfer: Time _____ P _____ R _____ BP _____ T _____

Patient's Condition: Stable Unstable Critical Serious FairTransport Mode: Ambulance ACLS Paramedic Private OtherCopied: Nursing notes Treatment Record Face Sheet ECG/LAB/X-RAYS Personal Effects Sent Next of Kin Notified Hospital Notified Report given to: _____ Time: _____**PHYSICIAN CERTIFICATION: RISKS AND BENEFITS:**

I hereby certify that, based on the examination and information available to me at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical care at another medical facility outweigh the increased risks involved in the patient's (and in the case of pregnancy, to the unborn child's) transfer process. The risks and benefits of a transfer of the patient include:

Risk: _____

Benefit: _____

Physician Signature: _____ Date: _____ Time: _____

PATIENT TRANSFER ACKNOWLEDGEMENT AND CONSENT:Transfer of (name of Patient): FEUER

I understand that I have a right to receive medical screening, examination, and evaluation by a physician, or other appropriate personnel, without regard to my ability to pay, prior to any transfer from this hospital and that I have a right to be informed of the reasons for transfer. I acknowledge that I have received medical screening, examination, and evaluation by a physician, or other appropriate personnel, and that I have been informed of the reasons for my transfer, and agree to the necessity of the transfer.

 PATIENT REQUEST FOR TRANSFER:

This is to certify that FEUER, a patient who has received services in this hospital, is being transferred at the request of the patient (or the patient's legal representative). I acknowledge that I have been informed of the risk and consequences potentially involved in the transfer, the possible benefits of continuing treatment at this hospital, and the alternatives (if any) to the transfer I am requesting. I hereby release the attending physician, and other physicians involved in the patient's care, the hospital and its agents and employees, from all responsibility for any ill effects which may result from the transfer.

Patient or Legal Representative Signature: J. Gentile, M.D.

Date: _____

Witness Signature: J. Gentile

Time: _____

**San Clemente
Hospital & Medical Center**

**PATIENT TRANSFER AND
CERTIFICATION FORM**

PATIENT LABEL

E MR# 261-618
FEUER, DON
39Y M 02/26/1962
GENTILE, JOHN F
1567500 U000
09/07/2002
E EMR

SAN CLEMENTE HOSPITAL & MEDICAL CENTER
CHAPTER



Health Net

Mail P.O. Box 10196
Van Nuys, CA 91410-0196

I F P / P P O

1-800-839-2172

September 25, 2002

DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

SUBJECT: SUBSCRIBER NAME : DONALD S F

SUBSCRIBER SSN :

GROUP: 9

DATE(S) OF SERVICE: 08/07/02-08/21/02 PATIENT: D

TOTAL CHARGE(S): \$3,555.00

CLAIM #: 207

PROVIDER: ANDREW C KO, M.D.

PCN: P

11100 WARNER AVE #216

FOUNTAIN VALLEY CA 92708-7511 (714) 545

Dear Member:

We are in receipt of the claim identified above. Please note that there will be a delay in the processing of this claim as it requires:

Receipt of medical records.

We will keep you informed at regular intervals of the status of your claim. We will also inform you when a determination has been made.

If you have any questions or concerns, please contact Health Net.

Sincerely,
Claims Department

For in and out of hospital service

ANDREW C. KO, M.D.
11100 WARNER AVENUE, #216
FOUNTAIN VALLEY, CA 92708
Office Phone (714) 545-7311

Page: 1

Charges or Payments After
09-27-02 Will Appear
On Next Statement

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673

\$ Amount Enclosed

Date	Description	Document	Charges	Credits
08-07-02	INPATIENT, CONSULT; COMPLEX 110M	B020807A	275.00	
08-08-02	HOSP CARE-SUBS HIGH COMPLX 35M	B020808A	150.00	
08-09-02	COLONOSCOPY; DIAGNOSTIC	B020809A	1200.00	
08-09-02	PULSE OXIMETRY; MULTIPLE	B020809B	120.00	
08-09-02	CONSCIOUS SEDATION	B020809C	120.00	
08-10-02	COLONOSCOPY; BIOPSY(IES)	B020810A	1300.00	
08-10-02	PULSE OXIMETRY; MULTIPLE	B020810B	120.00	
08-10-02	CONSCIOUS SEDATION	B020810C	120.00	
08-21-02	OFFICE VISIT; EST PT-COMPLEX 40M	B020821A	150.00	
08-23-02	CHECK PAYMENT THANK YOU	B020821A		-20.00
08-26-02	UPPER GI ENDOSCOPY; BIOPSY(IES)	B020826A	70.00	
08-26-02	PULSE OXIMETRY; MULTIPLE	B020826B	120.00	
08-26-02	CONSCIOUS SEDATION	B020826C	120.00	
09-03-02	OFFICE VISIT; EST PT-C 40M	B020903A	150.00	
09-12-02	CHECK PAYMENT TW	B020903A		-20.00

100% *checklist* *seks:* *isti* *old*

100% *est has* *isti* *old*

Sincerely,
Billing Department

Current	30 Days	60 Days	90 Days	Total Detail	4755.00	Balance Due
150.00	4605.00	0.00	0.00	Past Due	4605.00	

Total Balance 4755.00 4755.00

COASTAL SURGICAL MEDICAL

665 Camino de los Mares #301
San Clemente, CA 92673
(949)364-8959

DON FEUER
10 Via Tunas
San Clemente, CA 92672

OK
SICK IN XD
INC. 9/10/02

Statement Date	Chart Number	Page
09/18/2002		1

Make Checks Payable To:

COASTAL SURGICAL MEDICAL
665 Camino de los Mares #301
San Clemente, CA 92673
(949)364-8959

Date of Last Payment:	Amount:	Previous Balance:	0.00
	0.00		

Patient:	DON FEUER	Chart Number:	FEUDO000	Case:	#1

Dates	Procedure	Charge	Paid By	Guarantor	Adjustments	Remainder
09/07/02	99284	220.00				220.00
09/08/02	99232	125.00				125.00
09/09/02	99231	80.00				80.00

If you have Visa
Bank Card Back +
front To 220.0327
If not Please send DMV
Thank You.

Amount Due
425.00

ACCOUNT NO	AMOUNT DUE	STATEMENT DATE
	630.00	9/26/02

PATIENT: FELIER, DONALD

AMOUNT ENCLOSED

BRIAN D. SMITH, M.D.
P.O. BOX 25033
SANTA ANA, CA, 92799-5033

FEUER, DONALD
10 VIA TUNAS
SAN CLEMENTE, CA. 92672-0000

ANESTHESIOLOGY

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

RC McLEAN & ASSOCIATES, INC.
BUSINESS SERVICES FOR HEALTH CARE PROVIDERS

PACIFIC TIME **8:30-11:30 A.M.**
OFFICE HOURS **1:00- 4:00 P.M.**

Our office has billed the listed services to HEALTH-NET

PLEASE DIRECT ANY QUESTIONS REGARDING THIS STATEMENT TO KAREN H.
AT 760-632-6662 800-554-2456

SERVICES RENDERED AT: SAN CLEMENTE GENERAL HOSPITAL

STATEMENT DATE	ACCOUNT NO.	0-30 DAYS	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	AMOUNT DUE
9/26/02	0284-0200797	630.00	.00	.00	.00	630.00

MAKE CHECKS PAYABLE TO:

BRIAN D. SMITH, M.D.
P.O. BOX 25033
SANTA ANA, CA, 92799-5033
760-632-6662 800-556-2436

P Y . 7227

STM312



Health Net

21600 Oxnard Street
Woodland Hills, CA 91367
Mail: P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

**I F P / P P O
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172**

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-14-2002
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA
Provider ID :

TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/icode	ALLOWED AMOUNT	COPAY AMOUNT
07-30-02 PATHOLOGY	\$2.71	\$0.00	\$2.71	\$0.00
07-30-02 PATHOLOGY	\$2.71	\$0.00	\$2.71	\$0.00
07-30-02 PATHOLOGY	\$2.71	\$0.00	\$2.71	\$0.00
07-30-02 PATHOLOGY	\$12.53	\$2.53 23	\$10.00	\$0.00
07-30-02 PATHOLOGY	\$2.71	\$0.00	\$2.71	\$0.00
07-30-02 PATHOLOGY	\$2.71	\$0.00	\$2.71	\$0.00
	\$26.08	\$2.53	\$23.55	\$0.00

- Payment Summary -

Billed	:	\$26.08
Nonallowed	:	\$2.53
Allowed	:	\$23.55
Member's Responsibility		
Deductible	:	\$23.55

The member's responsibility is for \$23.55 payable to LABORATORY CORP OF AMERICA-S.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

2002-Member Deductible to Date	\$238.08
2002-Family Deductible to Date	\$293.84
2002-Member Coinsurance to Date	\$0.00
	Lifetime Paid:
	\$0.00



***SEE EXPLANATION OF CODES ON REVERSE SIDE**



Health Net

21680 Oxnard Street
Woodland Hills, CA 91367
Mail: P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

IFP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 08-16-2002

Subscriber ID :

Group Number :

Subscriber Name:

DONALD S FEUER

Patient Name :

DONALD S FEUER

Provider Name:

LABORATORY CORP OF AMERICA-S.D.

Provider ID : 84-0611484 A

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-01-02	PATHOLOGY	\$12.42	\$0.00	\$12.42	\$0.00
			\$12.42	\$0.00	\$12.42

- Payment Summary -

Billed : \$12.42
Allowed : \$12.42
Member's Responsibility :
Deductible : \$12.42

The member's responsibility is for \$12.42 payable to LABORATORY CORP OF AMERICA-S.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

2002-Member Deductible to Date
2002-Family Deductible to Date
2002-Member Coinsurance to Date

\$277.78

\$333.54

\$0.00

Lifetime Paid:

\$0.00

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21600 Ozzard Street
Woodland Hills, CA 91367
MAIL P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

IPP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-23-2007
Subscriber ID : 1
Group Number : 9
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-02-02	PATHOLOGY	\$21.41	\$0.00	\$21.41	\$0.00
			\$21.41	\$0.00	\$21.41

- Payment Summary -

Billed : \$21.41
Allowed : \$21.41
Member's Responsibility :
Deductible : \$21.41

The member's responsibility is for \$21.41 payable to LABORATORY CORP OF AMERICA-S.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

2002-Member Deductible to Date	\$784.42
2002-Family Deductible to Date	\$840.18
2002-Member Coinsurance to Date	\$0.00 Lifetime Paid: \$0.00

SEE EXPLANATION OF CODES ON REVERSE SIDE

0002000004143-58-2635P0571809





Health Net

21600 Oxnard Street
Woodland Hills, CA 91367
Mail P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : 2160027234
Claim Id : JZ220 00100
Process Date : 08-15-2002
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
07-30-02	PATHOLOGY	\$2.71	\$0.00	\$2.71	\$0.00
07-30-02	PATHOLOGY	\$16.11	\$11.11 23	\$5.00	\$0.00
07-30-02	PATHOLOGY	\$10.73	\$3.58 23	\$7.15	\$0.00
07-30-02	PATHOLOGY	\$12.42	\$0.00	\$12.42	\$0.00
		\$41.97		\$14.69	
				\$27.28	
					\$0.00

- Payment Summary -

Billed	:	\$41.97
Nonallowed	:	\$14.69
Allowed	:	\$27.28
Member's Responsibility	:	
Deductible	:	\$27.28

The member's responsibility is for \$27.28 payable to LABORATORY CORP OF AMERICA-S.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

2002-Member Deductible to Date	\$265.36
2002-Family Deductible to Date	\$321.12
2002-Member Coinsurance to Date	\$0.00 Lifetime Paid: \$0.00

*SEE EXPLANATION OF CODES ON REVERSE SIDE

00001048080143-56-2633P0550545



Health Net

31600 Oxnard Street
Woodland Hills, CA 91367
Mail: P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : ~~0000000000000000~~
Process Date : 08-27-2002
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D.
Provider ID : 84-0611484 A

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-02-02	PATHOLOGY	\$34.82	\$0.00	\$34.82	\$0.00
08-02-02	PATHOLOGY	\$23.15	\$6.45 23	\$16.70	\$0.00
08-02-02	PATHOLOGY	\$21.41	\$21.41 114	\$0.00	\$0.00
		\$79.38		\$27.86	
				\$51.52	\$0.00

- Payment Summary -

Billed	:	\$79.38
Nonallowed	:	\$27.86
Allowed	:	\$51.52
Member's Responsibility	:	
Deductible	:	\$51.52
Non-Covered Chgs	:	\$21.41

The member's responsibility is for \$72.93 payable to LABORATORY CORP OF AMERICA-S.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
- 114 - This charge has been previously considered or is a duplicate service from the same day.

2002-Member Deductible to Date	\$881.71
2002-Family Deductible to Date	\$937.47
2002-Member Coinsurance to Date	\$0.00 Lifetime Paid: \$0.00

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21400 Oxford Street
Woodland Hills, CA 91367
Mail: P.O. Box 5103
Van Nuys, CA 91409-5103

EXPLANATION OF BENEFITS

I.E.P./PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : ZUU2240-NL 3
Process Date : 08-29-2001
Subscriber ID :
Group Number : 9. 30A
Subscriber Name:
DONALD S. FEUER
Patient Name :
DONALD S. FEUER
Provider Name :
BRISTOL PARK MEDICAL INC.
Provider ID : NC

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
07-19-02	RADIOLOGY	\$180.00	\$75.51 23	\$104.49	\$0.00
				\$104.49	\$0.00

- Payment Summary -

Billed : \$180.00
Nonallowed : \$75.51
Allowed : \$104.49
Member's Responsibility : \$104.49
Deductible :

The member's responsibility is for \$104.49 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING PHYSICIAN IS DR MORCOS NADAR

2002-Member Deductible to Date	\$160.25
2002-Family Deductible to Date	\$1,041.96
2002-Member Coinsurance to Date	\$0.00 Lifetime Paid: \$0.00

:SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21609 Oxford Street
Woodland Hills, CA 91367
Mail: P.O. Box 9883
Van Nuys, CA 91407-9883

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-30-2002
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
SHELDON L ZIDE, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CGDF	ALLOWED AMOUNT	COPAY AMOUNT
08-08-02	RADIOLOGY	\$199.00	\$0.00	\$199.00	\$0.00
		\$199.00	\$0.00	\$199.00	\$0.00

- Payment Summary -

Billed : \$199.00
Allowed : \$199.00
Member's Responsibility
Deductible : \$199.00

The member's responsibility is for \$199.00
payable to SHELDON L ZIDE, M.D..
Services were rendered by a non-participating
provider.
We are glad to be of service to you.

2002-Member Deductible to Date	\$763.01
2002-Family Deductible to Date	\$818.77
2002-Member Coinsurance to Date	\$0.00 Lifetime Paid: \$0.00

*SEE EXPLANATION OF CODES ON REVERSE SIDE



EXPLANATION OF BENEFITS



Health Net

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 09-10-2002
Subscriber ID : 1
Group Number : 9
Subscriber Name : DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP INC.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	TOTAL AMOUNT
08-01-02	PROFSERVICE	\$131.00	\$32.41 23	\$98.59	\$20.00
08-01-02	PATHOLOGY	\$18.00	\$4.50 23	\$13.50	\$0.00
		\$149.00	\$36.91	\$112.09	\$20.00

- Payment Summary -

Billed	\$149.00
Nonallowed	\$36.91
Allowed	\$112.09
Member's Responsibility	\$13.50
Deductible	\$20.00
Copayment	\$78.59

The member's responsibility is for \$33.50 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: MARK STOECKER MD

Payment(s) Issued To:

\$78.59

2002-Member	ductible to Date	\$173.75
2002-Family	ductible to Date	\$1,055.46
2002-Member	Insurance to Date	\$20.00
	Lifetime Paid:	\$78.59

(SEE EXPLANATION OF CODES ON REVERSE SIDE)

48881002003143-58-2631P0595557





Health Net

EXPLANATION OF BENEFITS

IPP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
 Claim Id : 2
 Process Date : 09-09-2002
 Subscriber ID : 1
 Group Number : 94
 Subscriber Name: DONALD S FEUER
 Patient Name : DONALD S FEUER
 Provider Name : PHILLIP A ROBINSON
 Provider ID : D

DONALD S. FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-02-02	PROFSERVICE	\$387.00	\$154.56 23 \$52.66 19	\$179.78	\$20.00
				\$207.22	\$179.78

- Payment Summary -

Billed	: \$387.00
Nonallowed	: \$207.22
Allowed	: \$179.78
Member's Responsibility	
Copayment	: \$20.00
Health Net Paid	: \$159.78

The member's responsibility is for \$20.00 payable to PHILLIP A ROBINSON, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement,
- 19 - non-allowable amount is not the responsibility of the member.
- Office visit re-coded to match the diagnosis billed. Charges reduced, please do not bill the member.

Remarks: 99245 reduced to 99244

Payment(s) Issued To:
 Provider 33-0783137 A \$159.78

2002-Member Deductible to Date	\$881.71
2002-Family Deductible to Date	\$1,041.96
2002-Member Coinsurance to Date	\$20.00 Lifetime Paid: \$159.78

SEE EXPLANATION OF CODES ON REVERSE SIDE

20001001416143-58-2633P0577272





Health Net

21600 Oxnard Street
Woodland Hills, CA 91367
Mail: P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

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P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-09-2002
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
ELLIOTT J WAGNER, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE*	ALLOWED AMOUNT	COPAY AMOUNT
07-23-02	RADIOLOGY	\$242.00	\$173.93 23	\$68.07	\$0.00
			\$242.00	\$173.93	\$68.07

- Payment Summary -

Billed : \$242.00
Nonallowed : \$173.93
Allowed : \$68.07
Member's Responsibility : \$68.07

The member's responsibility is for \$68.07 payable to ELLIOTT J WAGNER, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

2002-Member Deductible to Date	\$214.53
2002-Family Deductible to Date	\$270.29
2002-Member Coinsurance to Date	\$0.00 Lifetime Paid: \$0.00

'SEE EXPLANATION OF CODES ON REVERSE SIDE'





Health Net

21600 Oxford Street
Woodland Hills, CA 91367
Mail: P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

IPB/PPO
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VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-17-2002
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MICHAEL T FORINO, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
08-03-02	SURGERY	\$239.00	\$19.63 23	\$219.37	\$0.00
08-03-02	RADIOLOGY	\$101.00	\$70.15 23	\$30.85	\$0.00
		\$340.00	\$89.78	\$250.22	\$0.00

- Payment Summary -

Billed : \$340.00
Nonallowed : \$89.78
Allowed : \$250.22
Member's Responsibility : \$250.22

The member's responsibility is for \$250.22 payable to MICHAEL T FORINO, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

2002-Member Deductible to Date	\$528.00
2002-Family Deductible to Date	\$583.76
2002-Member Coinsurance to Date	\$0.00 Lifetime Paid: \$0.00

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21690 Orchard Street
Woodland Hills, CA 91367
Attn: P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number : : : : :
Claim Id : : : : :
Process Date : : : : :
Subscriber ID : 1 : : : :
Group Number : 9 : : : :
Subscriber Name:
DONALD S FEUER
Patient Name : :
DONALD S FEUER
Provider Name : :
UNILAB
Provider ID : : :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
06-21-02	PATHOLOGY	\$65.04	\$53.34 23	\$11.70	\$0.00
06-21-02	PATHOLOGY	\$19.50	\$19.50 37	\$0.00	\$0.00
06-21-02	PATHOLOGY	\$8.21	\$0.89 23	\$7.32	\$0.00
06-21-02	PATHOLOGY	\$31.50	\$20.50 23	\$11.00	\$0.00
		\$124.25	\$94.23	\$30.02	\$0.00

- Payment Summary -

Billed : \$124.25
Nonallowed : \$94.23
Allowed : \$30.02
Member's Responsibility :
Deductible : \$30.02

The member's responsibility is for \$30.02 payable to UNILAB.
Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
- 37 - The allowance for this procedure has been adjusted per coding and billing guidelines. The non-allowable amount is not the responsibility of the member.

2002-Member Deductible to Date	\$30.02
2002-Family Deductible to Date	\$30.02
2002-Member Coinsurance to Date	\$0.00 Lifetime Paid: \$0.00

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21600 Oxnard Street
Woodland Hills, CA 91367
Mail: P.O. Box #103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

IPP/PPO

P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2002196-CC9-117

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 07-30-2002
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER JR
Provider Name :
LYNN STANTON, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
06-17-02	PROFSERVICE	\$85.00	\$29.24 54	\$55.76	\$0.00
		\$85.00	\$29.24	\$55.76	\$0.00

- Payment Summary -

Billed	:	\$85.00
Nonallowed	:	\$29.24
Allowed	:	\$55.76
Member's Responsibility	:	
Deductible	:	\$55.76
Non-Covered Chgs	:	\$29.24

The member's responsibility is for \$85.00 payable to LYNN STANTON, M.D. Services were rendered by a non-participating provider.

We are glad to be of service to you.

Description of Nonallowed Codes/Remarks:

54 - Amount exceeds the RBRVS allowed under this plan.

Qd1

8/6/02 Qd1 be amended to reflect PPO plan

2002-Member Deductible to Date	\$55.76
2002-Family Deductible to Date	\$85.78
2002-Member Coinsurance to Date	\$0.00
	Lifetime Paid: \$0.00

SEE EXPLANATION OF CODES ON REVERSE SIDE



PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT DATE	ACCOUNT NUMBER	DIAGNOSIS CODE	PATIENT
10/17/02		784.8	DONALD FEUER
DATE	CPT	DESCRIPTION	AMOUNT
08/06/02	88307	SURG PATH: LEVEL V	190.00
08/06/02	88313	SPECIAL STAIN GRP II	40.00
10/07/02	849	PPO PAYMENT	77.82
10/07/02	841	PPO DISALLOW	132.72
08/10/02	88305	SURG PATH: LEVEL IV	1,050.00
08/26/02	88305	SURG PATH: LEVEL IV	525.00
<i>PA \$100 Balance \$44.46</i>			
YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL.			AMOUNT DUE 1584.46

SERVICES RENDERED BY: MISSION PATHOLOGY MED. ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET OPTIONS
SECONDARY INS:

PHONE #: 949 843-3346

TAX ID: 95-2548499

REFERRING PHYSICIAN: KO, ANDREW 92691

B



Health Net

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL

RA Number :
Claim Id :
Process Date : 04-08-2001
Reference Num. :
Group Number : 9
Subscriber Name: DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
02-17-03	PROFSERVICE	\$84.00	\$22.67 23	\$61.33	\$20.00
			\$84.00	\$22.67	\$61.33

- Payment Summary -

Billed	\$84.00
Nonallowed	\$22.67
Allowed	\$61.33
Member's Responsibility	
Copayment	\$20.00
Health Net Paid	\$41.33

The member's responsibility is for \$20.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$41.33

2003-Member Deductible to Date	\$0.00
2003-Family Deductible to Date	\$0.00
2003-Member Coinsurance to Date	\$20.00
Lifetime Paid:	\$714.16

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-08-2003
Reference Num. : R00113254
Group Number : 92200A
Subscriber Name:
DONALD S. FEUER
Patient Name :
DONALD S. FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
03-20-03	PROFSERVICE	\$84.00	\$21.67 23	\$62.33	\$25.00

\$84.00	\$21.67	\$62.33	\$25.00
---------	---------	---------	---------

- Payment Summary -

Billed	:	\$84.00
Nonallowed	:	\$21.67
Allowed	:	\$62.33
Member's Responsibility		
Copayment	:	\$25.00
Health Net Paid	:	\$37.33

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$37.33

2003-Member Deductible to Date	\$0.00
2003-Family Deductible to Date	\$0.00
2003-Member Coinsurance to Date	\$45.00
Lifetime Paid:	\$751.49

"SEE EXPLANATION OF CODES ON REVERSE SIDE"





Health Net

EXPLANATION OF BENEFITS

I F P / P P O
P. O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
02-27-03	PROFSERVICE	\$84.00	\$22.67 23	\$61.33	\$20.00
02-27-03	PATHOLOGY	\$18.00	\$4.50 23	\$13.50	\$0.00
		\$102.00	\$27.17	\$74.83	\$20.00

- Payment Summary -

Billed	:	\$102.00	The member's responsibility is for \$33.50 payable to BRISTOL PARK MEDICAL GROUP INC.
Nonallowed	:	\$27.17	Services were rendered by a Health Net
Allowed	:	\$74.83	preferred provider. We are glad to be of
Member's Responsibility	:		service to you.
Deductible	:	\$13.50	
Copayment	:	\$20.00	
Health Net Paid	:	\$41.33	

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

Provider 95-2653450 A \$41.33

2003-Member Deductible to Date	\$13.50
2003-Family Deductible to Date	\$13.50
2003-Member Coinsurance to Date	\$20.00
Lifetime Paid:	\$14,871.58

SEE EXPLANATION OF CODES ON REVERSE SIDE

201966488911325490521866886377

SAN CLEMENTE
HOSPITAL & MEDICAL CENTER

February 14, 2003

RE: ac

Date of Service: 9/7/2002 to 9/12/2002

Amount: 32,772.73

Dear Mr. Feuer,

I have just spoken to Anisha @ Health Net claims. She says there are several claims waiting for medical records from your physician, Dr Michael Miyamoto with phone number 364-3570. Please call him and have the records sent to your insurance company so these claims can get processed.

Sincerely,



Mary Ellen Zalay
Business Office
San Clemente Hospital
(949) 489-4941

Bill from San Clemente Hospital for 5 day stay and dispute with insurance company.
Insurance company finally started paying after months of disputes, and this also helped in delaying treatment.

SAN CLEMENTE
HOSPITAL & MEDICAL CENTER

January 23, 2003

Donald S. Feuer
10 Via Tunas
San Clemente, Ca 92672

RE: date of service: 9/7/02 – 9/12/02

Account:

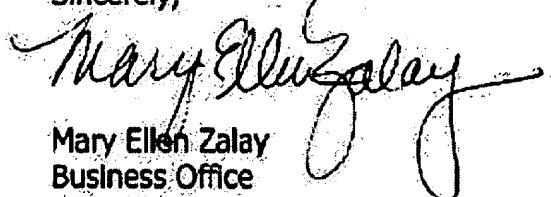
Amount: 32,772.73

Dear Donald,

I have just spoken to Jana at Health Net claims department. They are waiting for medical records from your previous physician in order to process the claim. According to your insurance, they have contacted the doctor for these records several times. As to date, no records have been received. They need these to determine if this was a pre-existing condition or not.

Please contact this doctor, if you haven't already, to assist us in getting this claim paid. I attach the last letter we have received from Health Net.

Sincerely,



Mary Ellen Zalay
Business Office
San Clemente Hospital
(949) 489-4941

SAN CLEMENTE
HOSPITAL & MEDICAL CENTER

654 Camino de los Mares (949) 496-1122
San Clemente, CA 92673 (949) 489-4803
www.sanclementehospital.com

01/30/03

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92672

Dear DONALD FEUER

Please see remarks. The amount listed below is your account balance.

Donald Feuer

Patient Number:

Date of Service: 09/07/02

Date of Discharge: 09/12/02

Balance: \$4225.00

Remarks: YOUR INSURANCE HAS NOT PAID!
PLEASE CONTACT THEM IMMEDIATELY TO
RESOLVE THIS MATTER. DEDUCTIBLE AND
COINSURANCE IS YOUR RESPONSIBILITY.

Thank You for choosing San Clemente Hospital for your healthcare needs.

POSTED

Don and Kathleen Feuer
10 Via Tunas
San Clemente, CA 92673

April 2, 2003

Health Net PPO
Attn: Barbara Fowler
11971 Foundation Place GPC2
Rancho Cordova, CA 95670

Re: Subscriber Name: Donald S. Feuer
Group:
Claims: 2

Dear Ms. Fowler:

Please be advised, that we received a call from Dr. Rothenberg on Friday, March 28, 2003, to notify us that their medical claims have not been paid. To date, I have contacted your office regularly, and have complied with each and every request for information.

Secondly, the afore-mentioned claims are dated as early as July of 2002, and are still outstanding. We understand Health Net's interest in doing due diligence to verify claims, etc., however, we believe that Health Net has been given an adequate amount of time to perform their duties. In addition, the doctors who performed the services to Mr. Feuer have been calling our home and are sending the claims to outside collection agencies.

Please note that your delays are causing us a great deal of stress and added hardship, as we contracted with your insurance in good faith, yet, Health Net has not followed it's contractual relationship with us.

Therefore, please be aware that if the claims are not paid within 30 days of today's date, and if we are in any way damaged due to the negligence on the part of Health Net, I will not hesitate to legal action against Health Net for breach of contract, any outstanding claims, attorneys fees and other damages that may arise as a result of this serious delay in handling our claims.

If you have any questions or comments concerning this matter, please do not hesitate to contact the undersigned.

Sincerely,

Kathleen Feuer
Kathleen Feuer



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment o

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 09-23-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID : 95-2653450 A

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
04-18-03	PROFSERVICE	\$84.00	\$21.67 23	\$62.33	\$25.00
04-18-03	INTEREST	\$1.63	\$0.00	\$1.63	\$0.00
				\$85.63	\$21.67
				\$63.96	\$25.00

- Payment Summary -

Billed	:	\$85.63	The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC.
Nonallowed	:	\$21.67	Services were rendered by a Health Net
Allowed	:	\$63.96	preferred provider. We are glad to be of service to you.
Member's Responsibility	:		
Copayment	:	\$25.00	
Health Net Paid	:	<u>\$38.96</u>	

Continued Care and treatment

23 -

Remarks:

Payment:

2003-Mem
2003-Fam
2003-Mem

SEE EXPLANATION OF CODES ON REVERSE SIDE

4018481R081354 0064588805796



Health Net

EXPLANATION OF BENEFITS

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id :
 Process Date : 06-24-2003
 Reference Num. : 0001
 Group Number :
 Subscriber Name:
 DONALD S. FEUER
 Patient Name :
 DONALD S. FEUER
 Provider Name :
 BRISTOL PARK MEDICAL GROUP INC
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
05-29-03	PROFSERVICE	\$84.00	\$21.67 23	\$62.33	\$25.00
			\$84.00	\$21.67	\$25.00

- Payment Summary -

Billed	:	\$84.00
Nonallowed	:	\$21.67
Allowed	:	\$62.33
Member's Responsibility	:	\$25.00
Copayment	:	
Health Net Paid	:	\$37.33

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Continued seeing Dr. on either bi-weekly, weekly, or every few day basis.

Remarks

Payment
Pro

2003-
2003-
2003-

*SEE EXPLANATION OF CODES ON REVERSE SIDE

0816763980115254P0317646894858

Mission Hospital

**ST. JOSEPH
HEALTH SYSTEM**

**27700 Medical Center Road
Mission Viejo, CA 92691-9966**

Statement is for services provided at:
Mission Hospital Regional Medical Center

**DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737**

219

PATIENT'S NAME:	
DONALD FEUER	
DATE OF SERVICE	ACCOUNT NUMBER
08/26/02	

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

THANK YOU FOR YOUR PAYMENT. TO KEEP YOUR ACCOUNT CURRENT, PLEASE CONTACT OUR CREDIT DEPARTMENT TO SET REGULAR MONTHLY PAYMENT ARRANGEMENTS.

Questions about your bill? . . .
PLEASE CONTACT: (949) 365-2197

POSTING DATE	DESCRIPTION	AMOUNT	
05/30/03	Balance Forward	666.85	
06/25/03	SELF PAYMENT	-50.00	
STATEMENT DATE	ACCOUNT BALANCE	ESTIMATED DUE FROM INSURANCE	AMOUNT DUE FROM PATIENT
06/30/03	616.85	166.71	450.14

PHYSICIANS CHARGES ARE BILLED SEPARATELY.

Please refer to the back of this statement for other important billing information.

Please Pay > \$ 450.14

Pay By Date ➤ 07/30/03

Mission Hospital

**ST. JOSEPH
HEALTH SYSTEM**

**27700 Medical Center Road
Mission Viejo, CA 92691-9966**

IF YOUR INSURANCE OR ADDRESS HAS CHANGED
PLEASE COMPLETE REVERSE SIDE AND CHECK BOX.

CHARGE MY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CARD NO.	<input type="text"/>					
CARD EXPIRATION DATE:	<input type="text"/>					
CARDHOLDER NAME:	<input type="text"/>					
SIGNATURE:	<input type="text"/>					
Amount of payment:	<input type="text"/>					

ACCOUNT #: 13732102
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673

**MAKE CHECKS
PAYABLE TO:**

MISSION HOSPITAL REG MEDICAL CTR
Dept LA 21063
Pasadena, CA 91185-1063

Older adults with dementia

Mission Hospital

ST. JOSEPH
WISCONSIN

**27700 Medical Center Road
Mission Viejo, CA 92691-9966**

Statement is for services provided at:
Mission Hospital Regional Medical Center

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

PATIENT'S NAME	
DONALD FEUER	
DATE OF SERVICE	ACCOUNT NUMBER
08/26/02	

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

AN OUTSTANDING BALANCE REMAINS ON YOUR ACCOUNT AND WE MUST NOW TURN DIRECTLY TO YOU FOR PAYMENT IN FULL. PLEASE CONTACT YOUR INSURANCE CARRIER OR SUBMIT PAYMENT IN FULL TO AVOID FURTHER COLLECTION ACTION. THANK YOU.

**Questions about your bill?
PLEASE CONTACT: (949) 365-2197**

POSTING DATE	DESCRIPTION	AMOUNT	
06/30/03	Balance Forward	616.85	
STATEMENT DATE	ACCOUNT BALANCE	ESTIMATED DUE FROM INSURANCE	AMOUNT DUE FROM PATIENT
07/31/03	616.85	166.71	450.14

PHYSICIANS CHARGES ARE BILLED SEPARATELY.

Please refer to the back of this statement for other important billing information.

Please Pay > \$ 450.14
Pay By Date > 08/31/03

Mission Hospital

**ST. JOSEPH
HEALTH SYSTEM**

**27700 Medical Center Road
Mission Viejo, CA 92691-9966**

IF YOUR INSURANCE OR ADDRESS HAS CHANGED
PLEASE COMPLETE REVERSE SIDE AND CHECK BOX

A horizontal row of five small square boxes for marking payment method preferences. From left to right: 1. A box labeled "CHARGE MY" with a checkmark in it. 2. An empty box. 3. A box containing a black circle with a white question mark inside. 4. An empty box. 5. A box labeled "CASH OVER".

DATA SHEET

CARD EXPIRATION DATE: _____

**CARDHOLDER
NAME**

PICKUP/DELIVERY

Amount of payment: _____

**ACCOUNT #: 13732102
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673**

**MAKE CHECKS
PAYABLE TO:**

MISSION HOSPITAL REG MEDICAL CTR
Dept LA 21063
Pasadena, CA 91185-1063



Health Net

EXPLANATION OF BENEFITS

EXHIBIT C

I.F.P./P.P.O.
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A

RA Number :
 Claim Id :
 Process Date : 07-30-2003
 Subscriber ID :
 Group Number :
 Subscriber Name : DONALD S FEUER
 Patient Name : DONALD S FEUER
 Provider Name : BRISTOL PARK MEDICAL GROUP INC
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-04-03	PROFSERVICE	\$84.00	\$21.67 23	\$62.33	\$25.00

	\$84.00	\$21.67	\$62.33	\$25.00
--	---------	---------	---------	---------

- Payment Summary -

Billed	\$84.00
Nonallowed	\$21.67
Allowed	\$62.33
Member's Responsibility	\$25.00
Copayment	
Health Net Paid	\$37.33

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTN MARK STOECKER MD

Payment(s) Issued To:
 Provider 95-2653450 A \$37.33

2003-Member Deductible to Date	\$13.50
2003-Family Deductible to Date	\$13.50
2003-Member Coinsurance to Date	\$95.00 Lifetime Paid: \$24,627.60

SEE EXPLANATION OF CODES ON REVERSE SIDE

4819356R001354 P0566208006378



Health Net®

EXPLANATION OF BENEFITS

IPF/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id :
 Process Date : 10-07-2003
 Subscriber ID :
 Group Number :
 Subscriber Name:
 DONALD S FEUER
 Patient Name :
 DONALD S FEUER
 Provider Name :
 BRISTOL PARK MEDICAL GROUP INC
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-12-03	PROFSERVICE	\$35.00	\$9.28 23	\$25.72	\$25.00

	\$35.00	\$9.28	\$25.72	\$25.00
--	---------	--------	---------	---------

- Payment Summary -

Billed	:	\$35.00
Nonallowed	:	\$9.28
Allowed	:	\$25.72
Member's Responsibility	:	\$25.00
Copayment	:	
Health Net Paid	:	\$0.72

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

Provider 95-2653450-A \$0.72

2003-Member Deductible to Date

\$26.24

2003-Family Deductible to Date

\$26.24

2003-Member Coinsurance to Date

\$132.74

Lifetime Paid: \$24,628.32

*SEE EXPLANATION OF CODES ON REVERSE SIDE



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EXPLANATION OF BENEFITS

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VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 10-07-2003
Subscriber ID :
Group Number :
Subscriber Name: DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-12-03	PROFSERVICE	\$35.00	\$9.28 23	\$25.72	\$25.00

	\$35.00	\$9.28	\$25.72	\$25.00
--	---------	--------	---------	---------

- Payment Summary -

Billed	:	\$35.00
Nonallowed	:	\$9.28
Allowed	:	\$25.72
Member's Responsibility	:	\$25.00
Copayment	:	
Health Net Paid	:	\$0.72

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$0.72

2003-Member Deductible to Date	\$26.24
2003-Family Deductible to Date	\$26.24
2003-Member Coinsurance to Date	\$132.74
Lifetime Paid:	\$24,628.32

SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 10-07-2003
Subscriber ID :
Group Number :
Subscriber Name: DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-12-03	PROFSERVICE	\$35.00	\$9.28 23	\$25.72	\$25.00
			\$35.00	\$9.28	\$25.72
					\$25.00

- Payment Summary -

Billed	:	\$35.00
Nonallowed	:	\$9.28
Allowed	:	\$25.72
Member's Responsibility	:	
Copayment	:	\$25.00
Health Net Paid	:	\$0.72

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

Provider 95-2653450 A \$0.72

2003-Member Deductible to Date
2003-Family Deductible to Date
2003-Member Coinsurance to Date

\$26.24

\$26.24

\$132.74

Lifetime Paid: \$24,628.32

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 10-01-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP INC
Provider ID : 777

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-10-03	PATHOLOGY	\$15.00	\$2.26 23	\$12.74	\$0.00
			\$15.00	\$2.26	\$0.00

- Payment Summary -
Billed : \$15.00
Nonallowed : \$2.26
Allowed : \$12.74
Member's Responsibility :
Deductible : \$12.74

The member's responsibility is for \$12.74
payable to BRISTOL PARK MEDICAL GROUP INC.
Services were rendered by a Health Net
preferred provider. We are glad to be of
service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement,
non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING MARK STOECKER

2003-Member Deductible to Date	\$26.24
2003-Family Deductible to Date	\$26.24
2003-Member Coinsurance to Date	\$107.74 Lifetime Paid: \$24,627.60

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-23-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
CORAM HEALTHCARE CORP OF SO CA
Provider ID : 58-2006708 A

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE*	ALLOWED AMOUNT	COPAY AMOUNT
09-25-03	HOMEHEALTH	\$674.10	\$0.00	\$674.10	\$0.00
09-25-03	HOMEHEALTH	\$674.10	\$0.00	\$674.10	\$0.00
09-25-03	HOMEHEALTH	\$674.10	\$0.00	\$674.10	\$0.00
09-25-03	HOMEHEALTH	\$674.10	\$0.00	\$674.10	\$0.00
09-25-03	HOMEHEALTH	\$299.60	\$0.00	\$299.60	\$0.00
09-25-03	HOMEHEALTH	\$674.10	\$0.00	\$674.10	\$0.00
10-07-03	HOMEHEALTH	\$90.00	\$0.00	\$90.00	\$0.00
10-07-03	HOMEHEALTH	\$3,112.25	\$0.00	\$3,112.25	\$0.00
		\$6,872.35	\$0.00	\$6,872.35	\$0.00

- Payment Summary -

Billed : \$6,872.35
Allowed : \$6,872.35
Health Net Paid : \$6,872.35

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Billing for Home Health Care nurse which was actually over a several month period paid for in one sum.

*SEE EXPLANATION OF CODES ON REVERSE SIDE

40189568001354 P0522346006090



Health Net®

EXPLANATION OF BENEFITS

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id :
 Process Date : 12-23-2003
 Subscriber ID :
 Group Number :
 Subscriber Name:
DONALD S FEUER
 Patient Name :
DONALD S FEUER
 Provider Name :
CORAM HEALTHCARE CORP OF SO CA
 Provider ID : 58-2006708 A

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-25-03	HOMEHEALTH	\$674.10	\$0.00	\$674.10	\$0.00
09-25-03	HOMEHEALTH	\$674.10	\$0.00	\$674.10	\$0.00
09-25-03	HOMEHEALTH	\$674.10	\$0.00	\$674.10	\$0.00
09-25-03	HOMEHEALTH	\$674.10	\$0.00	\$674.10	\$0.00
09-25-03	HOMEHEALTH	\$299.60	\$0.00	\$299.60	\$0.00
09-25-03	HOMEHEALTH	\$674.10	\$0.00	\$674.10	\$0.00
10-07-03	HOMEHEALTH	\$90.00	\$0.00	\$90.00	\$0.00
10-07-03	HOMEHEALTH	\$3,112.25	\$0.00	\$3,112.25	\$0.00
		\$6,872.35	\$0.00	\$6,872.35	\$0.00

- Payment Summary -

Billed : \$6,872.35
 Allowed : \$6,872.35
 Health Net Paid : \$6,872.35

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Billing for Home Health Care nurse which was actually over a several month period paid for in one sum.

*SEE EXPLANATION OF CODES ON REVERSE SIDE

60189568801354 POS22346886198





Health Net

EXPLANATION OF BENEFITS

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
 Claim Id : 00000000
 Process Date : 10-30-2003

Subscriber ID :

Group Number :

Subscriber Name:

DONALD S FEUER

Patient Name :

DONALD S FEUER

Provider Name :

LABORATORY CORP OF AMERICA-S.D.

Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
09-04-03	PATHOLOGY	\$22.16	\$7.39 23	\$14.77	\$0.00
09-04-03	PATHOLOGY	\$16.29	\$11.29 23	\$5.00	\$0.00
			\$38.45	\$18.68	\$19.77
					\$0.00

- Payment Summary -

Billed	:	\$38.45
Nonallowed	:	\$18.68
Allowed	:	\$19.77
Member's Responsibility	:	\$19.77
Deductible	:	

The member's responsibility is for \$19.77 payable to LABORATORY CORP OF AMERICA-S.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Second hospitalization

2003-Member Deductible to Date	\$46.01
2003-Family Deductible to Date	\$46.01
2003-Member Coinsurance to Date	\$152.51 Lifetime Paid: \$24,628.32

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 12-16-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name : SAN CLEMENTE HOSP & MED CTR
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
10-06-03	OUTPATIENT	\$547.62	\$136.90 23	\$410.72	\$50.00

\$547.62	\$136.90	\$410.72	\$50.00
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- Payment Summary -
 Billed : \$547.62
 Nonallowed : \$136.90
 Allowed : \$410.72
 Member's Responsibility
 Deductible : \$360.72
 Copayment : \$50.00

The member's responsibility is for \$410.72 payable to SAN CLEMENTE HOSP & MED CTR. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

2003-Member Deductible to Date
2003-Family Deductible to Date
2003-Member Coinsurance to Date

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

IFP / P.P.O
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : **12-02-2003**
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
NAVJYOT GUJRAL, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
10-22-03	PROFSERVICE	\$335.00	\$153.60 23	\$181.40	\$25.00

\$335.00	\$153.60	\$181.40	\$25.00
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- Payment Summary -

Billed	:	\$335.00
Nonallowed	:	\$153.60
Allowed	:	\$181.40
Member's Responsibility		
Copayment	:	\$25.00
Health Net Paid	:	\$156.40

The member's responsibility is for \$25.00 payable to NAVJYOT GUJRAL, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

Provider 33-0962846 B \$156.40

2003-Member Deductible to Date	\$1,000.00
2003-Family Deductible to Date	\$1,074.04
2003-Member Coinsurance to Date	\$3,628.59
Lifetime Paid:	\$33,880.80

SEE EXPLANATION OF CODES ON REVERSE SIDE



MVEP MEDICAL GROUP
P O BOX 660099
ARCADIA, CA 91066-0099

M33

177-347

Your insurance carrier applied our charges to your deductible. You are responsible for this balance.

ACCOUNT NO.

STATEMENT DATE 11/24/03

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673

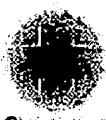
INSURANCE: HEALTH NET OPTIONS P
POLICY ID:
BIRTHDATE:

DATE	PATIENT	DESCRIPTION	ICD9	AMOUNT
10/31/03	DONALD	99285 EMERGENCY PHYSICIAN SE	-9	388.00
	ATN DR: BEARIE, BRIAN J.	MD REF DR:		
10/31/03	DONALD	94760/26 NONINVASIVE PULSE OXIM		32.00
	ATN DR: BEARIE, BRIAN J.	MD REF DR:		
11/24/03	DONALD	813 CONTRACTUAL ADJUSTMENT		32.00-

For Emergency Room when hospitalized for 11 days in November, 2003

TOTAL CURRENT \$388.00

GRACE



HAROLD E. GARDNER

PATIENT STATEMENT

DATE: 12/20/03

PAGE 1

00042

611

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673

**CORAM HEALTHCARE CREDIT MANAGER, E.I.
ATT COORDINATOR**
CORAM ALTERNATE SITE SERVICES
1807 Tribute Rd
Suite B
Sacramento, CA 95815
(877) 529-7762

PATIENT NAME AND ADDRESS

 DIRECT INQUIRIES TO

CLAIM		ACTIVITY		BALANCE DUE FROM		
INVOICE NUMBER	DATE OF SERVICE	ORIGINAL BALANCE	DATE LAST	ADJUSTMENT AMT	INSURANCE	PATIENT
	09/23/03 10/07/03	6,872.35			6,872.35	
		Home Health Care				

REFER TO REVERSE SIDE FOR STATEMENT EXPLANATIONS

6,872.35

PLEASE REMIT PATIENT BALANCE

PLEASE REMIT THIS SECTION WITH PAYMENT

ACCOUNT: 2339641372 DIV: 00042 CMB: EJH

REMIT TO ADDRESS:

PATIENT INFORMATION

CORAM HEALTHCARE CORP OF SO. CAL.
P.O. BOX 74790
CHICAGO IL 60694-4790

PLEASE CHARGE \$ _____ OF MY BALANCE

TO: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

ACCOUNT NUMBER:

EXPIRATION DATE:

SIGNATURE: X.



Health Net

DONALD FEUER
OR LEGAL REPRESENTATIVE
10 VIA TUNAS
SAN CLEMENTE, CA 92673

RE:

Dates of Service: 10/31/2003 - 11/10/2003
Provider Billed Amt: \$ 46,429.79

Dear DONALD FEUER:

Health Net has engaged the services of Healthcare Recoveries to conduct hospital bill audits and medical cost management consulting projects on their behalf.

An audit of your patient records is necessary to verify that all hospital charges were billed correctly. Please sign the enclosed authorization and return to HRI.

Thank you in advance for your cooperation.

Sincerely,

Sandra P. Hudson
Director, Claims Management

21601 Chateau Drive • Woodland Hills, California 91367 • Telephone 818-910-6777 • Fax 818-910-6862

Mailing Address: Post Office Box 9103 • Van Nuys, California 91409-9103

Bakersfield, Chico, Encino, Fremont, Glendale, Irvine, Oakland, Sacramento, San Bernadette, San Diego, San Jose, Santa Monica, Santa Rosa, Torrance, Ventura



Health Net

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-909-3447

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 02-24-2004
Subscriber ID :
Group Number :
Subscriber Name : DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : MISSION HOSPITAL REG MED CTR
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
10-31-03/11-10-03	INPATIENT	\$16,400.00	\$4,919.99 23	\$11,480.01	\$250.00
10-31-03/11-10-03	ANCILLARY	\$30,029.79	\$9,008.94 23	\$21,020.85	\$0.00
11-10-03	INTEREST	\$496.86	\$0.00	\$496.86	\$0.00

\$46,926.65 \$13,928.93 \$32,997.72 \$250.00

- Payment Summary -

Billed	: \$46,926.65
Nonallowed	: \$13,928.93
Allowed	: \$32,997.72
Member's Responsibility	
Deductible	: \$377.95
Copayment	: \$250.00
Coinsurance	: \$2,155.51
Previously Paid	: \$6,466.54
Health Net Paid	: \$23,747.72

The member's responsibility is for \$2,783.46 payable to MISSION HOSPITAL REG MED CTR. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement; non-allowable amount is not the responsibility of the member.

Remarks: ADJUSTMENT TO CLAIM #2003325-CL6-007

* INTEREST PAID AMOUNT REPRESENTS \$15 PER CLAIM OR 15% PER ANNUM, AS INTEREST PAYMENT TO COMPLY WITH THE PROMPT PAYMENT LEGISLATION.

Payment(s) Issued To:

Provider 95-1643360 A \$23,747.72

2003-Member Deductible to Date	\$1,000.00
2003-Family Deductible to Date	\$1,626.14
2003-Member Coinsurance to Date	\$4,000.00
Lifetime Paid:	\$67,389.79

SEE EXPLANATION OF CODES ON REVERSE SIDE

000010088129712992790FDC30786601549





Health Net

EXPLANATION OF BENEFITS

IFP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name: DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
10-31-03	PROFSERVICE	\$280.00	\$151.17 23	\$128.83	\$0.00

	\$280.00	\$151.17	\$128.83	\$0.00
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- Payment Summary -

Billed	:	\$280.00	As a Health Net member, you have no further financial responsibility for this claim.
Nonallowed	:	\$151.17	Services were rendered by a Health Net preferred provider. We are glad to be of
Allowed	:	\$128.83	service to you.
Health Net Paid	:	\$128.83	

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

Provider \$128.83

2003-Member Deductib	to Date	\$1,000.00
2003-Family Deducti	to Date	\$1,074.04
2003-Member Coinsu	to Date	\$4,000.00
		Lifetime Paid: \$35,730.68

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

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1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

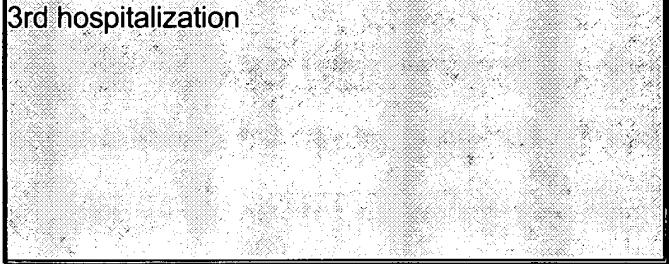
RA Number :
Claim Id :
Process Date : 12-16-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
DIGITAL AND RAD IMAGING ASSO
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
10-31-03	RADIOLOGY	\$30.00	\$0.00	\$30.00	\$0.00
11-01-03	RADIOLOGY	\$214.00	\$0.00	\$214.00	\$0.00
11-01-03	RADIOLOGY	\$210.00	\$0.00	\$210.00	\$0.00
11-01-03	RADIOLOGY	\$30.00	\$0.00	\$30.00	\$0.00
				\$484.00	\$0.00
					\$484.00

- Payment Summary -

Billed : \$484.00 As a Health Net member, you have no further financial responsibility for this claim.
 Allowed : \$484.00 Services were rendered by a Health Net preferred provider. We are glad to be of
 Health Net Paid : \$484.00 service to you.

3rd hospitalization



Remarks: P KIM.

Payment(s) Issued To:

Provider 95-2662029 B \$484.00

2003-Member Deductible to Date \$1,000.00
 2003-Family Deductible to Date \$1,074.04
 2003-Member Coinsurance to Date \$4,000.00

Lifetime Paid: \$36,461.78

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

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VAN NUYS, CA 91410-0223
1-800-839-2172

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
 Claim Id :
 Process Date : 11-20-2003
 Subscriber ID : F
 Group Number :
 Subscriber Name:
 DONALD S FEUER
 Patient Name :
 DONALD S FEUER
 Provider Name :
 BRISTOL PARK MEDICAL GROUP INC
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-01-03	PROFSERVICE	\$72.00	\$33.35 23	\$38.65	\$0.00

\$72.00	\$33.35	\$38.65	\$0.00
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- Payment Summary -
 Billed : \$72.00
 Nonallowed : \$33.35
 Allowed : \$38.65
 Member's Responsibility
 Deductible : \$38.65

The member's responsibility is for \$38.65 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: R. APPEL M.D.

Hospitalization November 2003

2
2
2

*SEE EXPLANATION OF CODES ON REVERSE SIDE

00106702001354 00348934008529





Health Net®

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

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VAN NUYS, CA 91410-0223
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DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name : DONALD S FEUER
Patient Name :
Provider Name : DONALD S FEUER
Provider Name : NAVJYOT GUJRAL, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-01-03	PROFSERVICE	\$226.00	\$122.91 23	\$103.09	\$0.00
11-02-03	PROFSERVICE	\$165.00	\$82.55 23	\$82.45	\$0.00
11-03-03	PROFSERVICE	\$165.00	\$82.55 23	\$82.45	\$0.00
		\$556.00	\$288.01	\$267.99	\$0.00

- Payment Summary -

Billed	:	\$556.00
Nonallowed	:	\$288.01
Allowed	:	\$267.99
Member's Responsibility	:	
Coinsurance	:	\$66.99
Health Net Paid	:	\$201.00

The member's responsibility is for \$66.99 payable to NAVJYOT GUJRAL, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 33-0962846-B \$201.00

2003-Member Deductible to Date	\$1,000.00
2003-Family Deductible to Date	\$1,074.04
2003-Member Coinsurance to Date	\$3,955.99
Lifetime Paid:	\$34,851.35

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

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1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID : F
Group Number : C
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
DENISE A HAMILTON, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-04-03	ANESTHESIA	\$800.00	\$410.00 23	\$390.00	\$0.00

- Payment Summary -

Billed	: \$800.00
Nonallowed	: \$410.00
Allowed	: \$390.00
Member's Responsibility	
Coinsurance	: \$97.50
Health Net Paid	: \$292.50

The member's responsibility is for \$97.50 payable to DENISE A HAMILTON, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

During 3rd hospitalization in Nov. 2003

Payment/
Provider

2003-Mem
2003-Fam
2003-Mem

SEE EXPLANATION OF CODES ON REVERSE SIDE

2016175R041354 P0677745004565





Health Net

EXPLANATION OF BENEFITS

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1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id : -----
 Process Date : 12-02-2003
 Subscriber ID :
 Group Number :
 Subscriber Name:
 DONALD S FEUER
 Patient Name :
 DONALD S FEUER
 Provider Name :
 BRISTOL PARK MEDICAL GROUP INC
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-04-03	PROFSERVICE	\$72.00	\$33.35 23	\$38.65	\$0.00

\$72.00	\$33.35	\$38.65	\$0.00
---------	---------	---------	--------

- Payment Summary -
 Billed : \$72.00
 Nonallowed : \$33.35
 Allowed : \$38.65
 Member's Responsibility :
 Coinsurance : \$9.66
 Health Net Paid : \$28.99

The member's responsibility is for \$9.66 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

862

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: MARK STOECKER MD

Hosp. Nov. 2003

Pa

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*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

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VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id. :
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name: DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : AHMAD M SHABAN, M.D., INC.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-06-03	PROFSERVICE	\$230.00	\$126.91 23	\$103.09	\$0.00
11-07-03	PROFSERVICE	\$200.00	\$117.55 23	\$82.45	\$0.00
		\$430.00	\$244.46	\$185.54	\$0.00

- Payment Summary -

Billed	:	\$430.00
Nonallowed	:	\$244.46
Allowed	:	\$185.54
Member's Responsibility	:	\$46.38
Coinsurance	:	\$139.16
Health Net Paid	:	

The member's responsibility is for \$46.38 payable to AHMAD M SHABAN, M.D., INC.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-3779222 A \$139.16

2003-Member Deductible to Date	\$1,000.00
2003-Family Deductible to Date	\$1,074.04
2003-Member Coinsurance to Date	\$3,843.48
Lifetime Paid:	\$34,525.54

SEE EXPLANATION OF CODES ON REVERSE SIDE

2039737R001354 P099524406527



Health Net

EXPLANATION OF BENEFITS

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : :
Claim Id : :
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name: DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : MICHAEL J BLUMENFELD, M.D.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-04-03	PATHOLOGY	\$1,225.00	\$977.90 23	\$247.10	\$0.00
		\$1,225.00	\$977.90	\$247.10	\$0.00

- Payment Summary -
Billed : \$1,225.00
Nonallowed : \$977.90
Allowed : \$247.10
Health Net Paid : \$247.10

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

\$247.10

2003-Member Deductible	Date	\$1,000.00
2003-Family Deductible	Date	\$1,074.04
2003-Member Coinsurance	Date	\$4,000.00
		Lifetime Paid: \$35,977.78

'SEE EXPLANATION OF CODES ON REVERSE SIDE'

20197388801356 PDS95296186527





Health Net®

EXPLANATION OF BENEFITS

I-FP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP TWO
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-07-03	PROFSERVICE	\$96.00	\$32.15 23	\$63.85	\$0.00

\$96.00	\$32.15	\$63.85	\$0.00
---------	---------	---------	--------

- Payment Summary -

Billed	:	\$96.00
Nonallowed	:	\$32.15
Allowed	:	\$63.85
Member's Responsibility	:	\$15.96
Coinsurance	:	\$47.89
Health Net Paid	:	

The member's responsibility is for \$15.96 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hospitalization Nov. 2003

*SEE EXPLANATION OF CODES ON REVERSE SIDE

2016171R001354 P0577765004566



Health Net

EXPLANATION OF BENEFITS

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-05-03	PROFSERVICE	\$96.00	\$32.15 23	\$63.85	\$0.00

\$96.00	\$32.15	\$63.85	\$0.00
---------	---------	---------	--------

- Payment Summary -

Billed	:	\$96.00
Nonallowed	:	\$32.15
Allowed	:	\$63.85
Member's Responsibility		
Coinsurance	:	\$15.96
Health Net Paid	:	\$47.89

The member's responsibility is for \$15.96 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: F KARDAN, MD

Hosp. Nov. 2003

*SEE EXPLANATION OF CODES ON REVERSE SIDE

2016178R001356 00577745886565



EXPLANATION OF BENEFITS


Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
 Claim Id : **1111111111**
 Process Date : **11-20-2003**
 Subscriber ID : **0001111111**

Group Number :
 Subscriber Name:
DONALD S FEUER
 Patient Name :
DONALD S FEUER
 Provider Name :
BRISTOL PARK MEDICAL GROUP INC.
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-02-03	PROFSERVICE	\$72.00	\$33.35 23	\$38.65	\$0.00

\$72.00	\$33.35	\$38.65	\$0.00
---------	---------	---------	--------

- Payment Summary -

Billed	:	\$72.00
Nonallowed	:	\$33.35
Allowed	:	\$38.65
Member's Responsibility	:	
Deductible	:	\$38.65

The member's responsibility is for \$38.65 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hospitalization Nov. 2003

2
2
2

'SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

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VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name : DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP INC.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-08-03	PROFSERVICE	\$96.00	\$32.15 23	\$63.85	\$0.00

- Payment Summary -

Billed	:	\$96.00
Nonallowed	:	\$32.15
Allowed	:	\$63.85
Member's Responsibility	:	
Coinurance	:	\$15.96
Health Net Paid	:	\$47.89

The member's responsibility is for \$15.96 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement. non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING IS OFFENBERGER TER MD

Hospital Nov.2003

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

DP/PPG
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S. FEUER
Patient Name :

Provider Name :
BRISTOL PARK MEDICAL GROUP INC.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-03-03	PROFSERVICE	\$102.00	\$26.25	\$75.75	\$25.00

\$102.00	\$26.25	\$75.75	\$25.00
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- Payment Summary -
 Billed : \$102.00 The member's responsibility is for \$25.00
 Nonallowed : \$26.25 payable to BRISTOL PARK MEDICAL GROUP INC.
 Allowed : \$75.75 Services were rendered by a Health Net
 Member's Responsibility :
 Copayment : \$25.00
 Health Net Paid : \$50.75 preferred provider. We are glad to be of
 service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement,
non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING IS GEOR KARAPETIAN

Hosp. Nov. 2003

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name : DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-03-03	PROFSERVICE	\$96.00	\$32.15 23	\$63.85	\$0.00
				\$96.00	\$0.00
				\$32.15	\$63.85
					\$0.00

- Payment Summary -

Billed	:	\$96.00	The member's responsibility is for \$15.96
Nonallowed	:	\$32.15	payable to BRISTOL PARK MEDICAL GROUP INC.
Allowed	:	\$63.85	Services were rendered by a Health Net
Member's Responsibility	:		preferred provider. We are glad to be of
Coinsurance	:	\$15.96	service to you.
Health Net Paid	:	\$47.89	

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING = MARK STOCKER M.D.

Payment(s) Issued To:
Provider 95-2653450 A \$47.89

2003-Member Deductible to Date	\$1,000.00
2003-Family Deductible to Date	\$1,074.04
2003-Member Coinsurance to Date	\$3,644.55
Lifetime Paid:	\$33,928.69

*SEE EXPLANATION OF CODES ON REVERSE SIDE

2016178881354 P0577745886565





Health Net

EXPLANATION OF BENEFITS

IPP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
 Claim Id : ~~XXXXXXXXXX~~
 Process Date : 12-23-2003
 Subscriber ID :
 Group Number :
 Subscriber Name:
 DONALD S FEUER
 Patient Name :
 DONALD S FEUER
 Provider Name :
 MICHAEL T FORINO, M.D.
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-06-03	RADIOLOGY	\$79.00	\$53.40 23	\$25.60	\$0.00

\$79.00 \$53.40 \$25.60 \$0.00

- Payment Summary -

Billed	:	\$79.00	As a Health Net member, you have no further financial responsibility for this claim.
Nonallowed	:	\$53.40	Services were rendered by a Health Net preferred provider. We are glad to be of
Allowed	:	\$25.60	service to you.
Health Net Paid	:	\$25.60	

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

During 3rd hospitalization Nov. 2003

P
2
2
2

EXPLANATION OF CODES ON REVERSE SIDE

60107580011354 40522364066999





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

I E P / P P O
P. O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 12-09-2003
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
AHMAD M SHABAN M.D., INC.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-07-03	RADIOLOGY	\$1,700.00	\$1,582.26 23	\$117.74	\$0.00
		\$1,700.00	\$1,582.26	\$117.74	\$0.00

- Payment Summary -

Billed : \$1,700.00
Nonallowed : \$1,582.26
Allowed : \$117.74
Member's Responsibility
 Coinsurance : \$29.43
 Health Net Paid : \$88.31

The member's responsibility is for \$29.43 payable to AHMAD M SHABAN, M.D., INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: G0262 replaced by G0262-26

Payment(s) Towed To:
Provider

\$88.31

2003-Member Deductible to Date	\$1,000.00
2003-Family Deductible to Date	\$1,074.04
2003-Member Coincidence to Date	\$3,797.10
Lifetime Paid:	\$34,386.38

SEE EXPLANATION OF CODES ON REVERSE SIDE

2019736R001554 P0595264486527





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 01-13-2004
Subscriber ID :
Group Number :
Subscriber Name : DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : AHMAD M SHABAN, M.D., INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-07-03	RADIOLOGY	\$1,700.00	\$803.06 23	\$896.94	\$0.00

\$1,700.00	\$803.06	\$896.94	\$0.00
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- Payment Summary -
 Billed : \$1,700.00
 Nonallowed : \$803.06
 Allowed : \$896.94
 Member's Responsibility
 Coinsurance : \$29.43
 Previously Paid : \$88.31
 Health Net Paid : \$779.20

The member's responsibility is for \$29.43 payable to AHMAD M SHABAN, M.D., INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider : \$779.20

2003-Member Deductibl	to Date	\$1,000.00
2003-Family Deductibl	to Date	\$1,626.14
2003-Member Coinsuran	, to Date	\$4,000.00
		Lifetime Paid: \$44,138.93

'SEE EXPLANATION OF CODES ON REVERSE SIDE'



Health Net®

EXPLANATION OF BENEFITS

IFP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 200-
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name : DONALD S. FEUER
Patient Name : DONALD S. FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP C
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-09-03	PROFSERVICE	\$72.00	\$33.35 23	\$38.65	\$0.00

\$72.00 \$33.35 \$38.65 \$0.00

- Payment Summary -

Billed	:	\$72.00
Nonallowed	:	\$33.35
Allowed	:	\$38.65
Member's Responsibility	:	
Coinsurance	:	\$9.66
Health Net Paid	:	\$28.99

The member's responsibility is for \$9.66 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING IS OFFENBERGER TER MD

Payment(s) Issued To:
Provider 95-2653450 A \$28.99

2003-Member Deductible to Date	\$1,000.00
2003-Family Deductible to Date	\$1,074.04
2003-Member Coinsurance to Date	\$3,603.59 Lifetime Paid: \$33,724.40

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-09-03	PROFSERVICE	\$72.00	\$33.35 23	\$38.65	\$0.00

\$72.00	\$33.35	\$38.65	\$0.00
---------	---------	---------	--------

- Payment Summary -

Billed	:	\$72.00
Nonallowed	:	\$33.35
Allowed	:	\$38.65
Member's Responsibility		
Coinsurance	:	\$9.66
Health Net Paid	:	\$28.99

The member's responsibility is for \$9.66 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING IS OFFENBERGER TER MD

Hosp. Nov 2003

SEE EXPLANATION OF CODES ON REVERSE SIDE



EXPLANATION OF BENEFITS



Health Net®

IPP / PPO
 P.O. BOX 10229
 VAN NUYS, CA 91410-0223
 1-800-839-2172

* THIS IS NOT A BILL *

DONALD S. FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id :
 Process Date : 12-09-2003
 Subscriber ID :
 Group Number :
 Subscriber Name:
 DONALD S. FEUER
 Patient Name :
 DONALD S. FEUER
 Provider Name :
 NAVJYOT GUJRAL, M.D.
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-04-03	SURGERY	\$706.00	\$514.82 23	\$191.18	\$0.00
11-04-03	SURGERY	\$1,322.00	\$776.72 23	\$545.28	\$0.00
11-05-03	PROFSERVICE	\$112.00	\$53.95 23	\$58.05	\$0.00
		\$2,140.00	\$1,345.49	\$794.51	\$0.00

- Payment Summary -

Billed : \$2,140.00
 Nonallowed : \$1,345.49
 Allowed : \$794.51
 Member's Responsibility :
 Coinsurance : \$44.01
 Health Net Paid : \$750.50

The member's responsibility is for \$44.01 payable to NAVJYOT GUJRAL, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Paid to: \$750.50

2003-Member Deductible	Date	\$1,000.00
2003-Family Deductible	Date	\$1,074.04
2003-Member Coinsurance	To Date	\$4,000.00 Lifetime Paid: \$35,601.85

SEE EXPLANATION OF CODES ON REVERSE SIDE

20197600001356 PD095246184527



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

I.F.P./P.P.O.
P. O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-09-2003
Subscriber ID : -
Group Number : -
Subscriber Name : DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : BRISTOL PARK MEDICAL GROUP INC
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-10-03	PROFSERVICE	\$125.00	\$42.91 23	\$82.09	\$0.00

\$125.00	\$42.91	\$82.09	\$0.00
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- Payment Summary -
 Billed : \$125.00
 Nonallowed : \$42.91
 Allowed : \$82.09
 Member's Responsibility : \$20.52
 Coinsurance : \$61.57
 Health Net Paid : \$61.57

The member's responsibility is for \$20.52 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement; non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING IS KARDAN FARAMARZ MD

Payment(s) Issued To:
Provider \$61.57

2003-Member Deductible	to Date	\$1,000.00
2003-Family Deductible	to Date	\$1,074.04
2003-Member Coinsuranc	to Date	\$3,864.00
		Lifetime Paid: \$34,587.11

SEE EXPLANATION OF CODES ON REVERSE SIDE

2019735R001354 P0595244086527



Health Net

EXPLANATION OF BENEFITS

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

*** THIS IS NOT A BILL ***

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 99204
Process Date : 12-09-2003
Subscriber ID : 0000000000
Group Number :
Subscriber Name : DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : AHMAD M SHABAN, M.D., INC.
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-12-03	PROFSERVICE	\$200.00	\$55.28 23 \$56.48 111	\$88.24	\$25.00

	\$200.00	\$111.76	\$88.24	\$25.00
--	----------	----------	---------	---------

- Payment Summary -

Billed	:	\$200.00
Nonallowed	:	\$111.76
Allowed	:	\$88.24
Member's Responsibility		
Copayment	:	\$25.00
Health Net Paid	:	\$63.24

The member's responsibility is for \$25.00 payable to AHMAD M SHABAN, M.D., INC.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
- 111 - Coding and billing errors have been corrected; the non-allowable amount is not the responsibility of the member.

Remarks: 99204 changed to 99214.

Pav

vide- \$63.24

2003-Member Deductible to Date	\$1,000.00
2003-Family Deductible to Date	\$1,074.04
2003-Member Coinsurance to Date	\$3,889.00
Lifetime Paid:	\$34,650.35

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net®

EXPLANATION OF BENEFITS

IP / PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
 Claim Id :
 Process Date : 12-23-2003
 Subscriber ID :
 Group Number :
 Subscriber Name:
 DONALD S FEUER
 Patient Name :

DONALD S. FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

BRISTOL PARK MEDICAL GROUP INC.
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
11-21-03	PROFSERVICE	\$84.00	\$21.67 23	\$62.33	\$25.00

\$84.00	\$21.67	\$62.33	\$25.00
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- Payment Summary -

Billed	:	\$84.00
Nonallowed	:	\$21.67
Allowed	:	\$62.33
Member's Responsibility	:	
Copayment	:	\$25.00
Health Net Paid	:	\$37.33

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Dr visit after 3rd hospitalization

Pay
200
200
200

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

* THIS IS NOT A BILL *

RA Number :
 Claim Id :
 Process Date : 01-13-2004
 Subscriber ID :
 Group Number :
 Subscriber Name : DONALD S FEUER
 Patient Name :
 DONALD S FEUER
 Provider Name : BRISTOL PARK MEDICAL GROUP INC
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
12-04-03	PROFSERVICE	\$84.00	\$21.67 23	\$62.33	\$25.00
12-04-03	SURGERY	\$260.00	\$68.62 23	\$191.38	\$0.00
12-04-03	INJECTION	\$10.00	\$2.50 23	\$7.50	\$0.00
		\$354.00	\$92.79	\$261.21	\$25.00

- Payment Summary -

Billed	\$354.00
Nonallowed	\$92.79
Allowed	\$261.21
Member Responsibility	\$191.38
Deductible	\$25.00
Payment	\$25.00
Health Net Paid	\$44.83

The member's responsibility is for \$216.38 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider

2003-Member Deductible to Date
 2003-Family Deductible to Date
 2003-Member Coinsurance to Date

SEE EXPLANATION OF CODES ON REVERSE SIDE

2819061R881354 P0564164886877

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST.
SANTA ANA, CA 92705

RETURN SERVICE REQUESTED

FOR BILLING QUESTIONS, CALL: 949-437-9470

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW: CHECK CARD USING FOR PAYMENT					
<input checked="" type="checkbox"/> MASTERCARD		<input type="checkbox"/> DISCOVER		<input checked="" type="checkbox"/> VISA <input type="checkbox"/> PAYPAL <input type="checkbox"/> AMERICAN EXPRESS	
CARD NUMBER			SIGNATURE CODE		
SIGNATURE			EXP. DATE		
STATEMENT DATE		PAY THIS AMOUNT		ACCT. #	
02/23/04		20.52			
PAGE: 1 of 1			SHOW AMOUNT PAID HERE \$		

SD005A

ADDRESSEE:
DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

REMIT TO:
BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST.
SANTA ANA, CA 92705

30853*18A0UWFXXU0000906

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	RVS CODE	DESCRIPTION	DIAGNOSIS	FIRST NAME	PHYSICIAN	AMOUNT
11/10/03	99238	HOSPITAL DISCHARGE DAY		DONALD S	KARDAN	125.00
12/17/03		PPO PAYMENT INSURANCE INDICATES REMAINING BALANCE IS PATIENT'S COPAYMENT (INV BAL= 20.52)				104.48CR
=====						
3rd hospitalization						

BALANCE DUE

GID GUARANTOR NAME: DONALD S FEUER

20.52

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.

DATE	RVS CODE	DESCRIPTION	DIAGNOSIS FIRST NAME	PATIENT	AMOUNT
07/19/02	76705	ECHO EXAM OF ABDOMEN	790.4	DONALD S	MORROS
04/30/03		PPO PAYMENT INSURANCE INDICATES BALANCE IS FOR COPAY AND DEDUCTIBLE			75.51CR
05/05/03		PATIENT PAYMENT/MAIL IN			30.00CR
06/25/03		PATIENT PAYMENT/MAIL IN			38.00CR
		(INVOICE 892395)		INV. BAL= 36.49	
08/01/02	99214	OFFICE/OUTPATIENT VISIT,	780.7	DONALD S	STOECKER
08/01/02	364.15	COLLECTION OF BLOOD BY VE	780.7	DONALD S	STOECKER
09/18/02		PPO PAYMENT			115.50CR
		Continued billing as well as visits by ppo			
12/27/02		PATIENT PAYMENT/MAIL IN			33.50CR

IRS ID: 95-2653450
GID: 906701

GID GUARANTOR NAME: DONALD S FEUER

BALANCE DUE

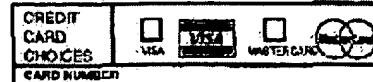
353.84

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.

MAKE CHECKS PAYABLE TO:

MVEP MEDICAL GROUP M33
P O BOX 660099
ARCADIA, CA 91066-0099.



EXHIBIT

D

PHYSICIAN: GREG LAMPE, MD
OFFICE HOURS: MON-FRI 8:30AM - 4:30PM, P.S.T.
FOR BILLING INQUIRIES CALL TOLL FREE 1-877-346-2455

3/22/04 \$ 98.00

AMOUNT PAID

A SERVICE FEE WILL BE CHARGED FOR ANY
CHECK RETURNED FROM THE BANK UNPAID.

\$

CREDIT CARD PAYMENTS MAY NOT BE ACCEPTED OVER THE PHONE.
PLEASE ENTER YOUR INFORMATION AND SIGNATURE AND RETURN BY MAIL.

REMIT TO:

ADDRESSEE:

#EGO04610414131# EG00122A 3-DIGIT 926
#EGO2004610414131# 0000012787 02 0010 0324

DONALD FEUER SR
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2787

MVEP MEDICAL GROUP M33
P O BOX 660099
ARCADIA, CA 91066-0099

Please check if above address is incorrect or insurance information changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

ACCOUNT NO.	STATEMENT DATE	PATIENT NAME	TAX ID NO.	PAGE
	3/22/04	DONALD FEUER JR	330729128	1 of 1
DATE	PS	EXAM CODE	SERVICE DESCRIPTION	DIAGNOSIS CODE
01/04/04	90	99283	EMERGENCY PHYSICIAN SERVICE	\$ 160.00
01/04/04	90	99054	SURCHARGE HOLIDAY SERVICES	\$ 26.00
01/04/04	90	M760-26	NONINVASIVE PULSE OXIMETRY	\$ 32.00
02/13/04	90	913	INSURANCE CARRIER PAYMENT	\$ 120.00
			Total for Claim:	\$ 98.00

Emergency Room Visit in January of 2004..... After this visit, insurance was canceled by insurance carrier as we could no longer afford to pay the rate increase by the Insurance Carrier which was considerably higher.
I was disabled, and unable to afford the considerable debt already incurred as well as the insurance premiums, therefore could no longer maintain treatment.

PS	PLACE OF SERVICE	MVEP MEDICAL GROUP M33	BALANCE DUE
21 = INPATIENT 22 = OUTPATIENT	11 = DOCTOR'S OFFICE 13 = EMERGENCY ROOM	PLACE OF SERVICE: MISSION HOSPITAL E.D.	\$ 98.00

PHYSICIAN: GREG LAMPE, MD
FOR BILLING INQUIRIES CALL TOLL FREE 1-877-346-2455
OFFICE HOURS: MON-FRI 8:30AM - 4:30PM, P.S.T.

EMPLOYER:

PRIMARY INSURANCE: HEALTH NET OPTIONS P

SECONDARY INSURANCE:

THIS DOCUMENT CONTAINS PROTECTED HEALTH CARE INFORMATION AND IS SUBJECT TO PRIVACY REGULATIONS PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL DOCUMENT TO US AT THE ADDRESS LISTED BELOW, VIA U.S. POSTAL SERVICE. THANK YOU FOR YOUR COOPERATION. FOR MORE INFORMATION REGARDING YOUR PRIVACY RIGHTS, PLEASE WRITE TO: DIRECTOR OF COMPLIANCE, P.O. BOX 881295, ARCADIA, CALIFORNIA, 91068-1295.

Mission Hospital

**ST. JOSEPH
HEALTH SYSTEM**

**27700 Medical Center Road
Mission Viejo, CA 92691-9966**

Statement is for services provided at:
Mission Hospital Regional Medical Center

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

PATIENT'S NAME	
DONALD FEUER	
DATE OF SERVICE	ACCOUNT NUMBER
11/10/03	

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

AN OUTSTANDING BALANCE REMAINS ON YOUR ACCOUNT AND WE MUST NOW TURN DIRECTLY TO YOU FOR PAYMENT IN FULL. PLEASE CONTACT YOUR INSURANCE CARRIER OR SUBMIT PAYMENT IN FULL TO AVOID FURTHER COLLECTION ACTION. THANK YOU.

**Questions about your bill?
PLEASE CONTACT (949) 365-2197**

POSTING DATE	DESCRIPTION	AMOUNT
01/15/04	Balance Forward	26034.31

STATEMENT DATE	ACCOUNT BALANCE	ESTIMATED DUE FROM INSURANCE	AMOUNT DUE FROM PATIENT
02/15/04	26034.31	23250.85	2783.46

PHYSICIANS CHARGES ARE BILLED SEPARATELY.

Please refer to the back of this statement for other important billing information.

Please Pay ➤ \$ 2783.46
Pay By Date ➤ 03/15/04

PLEASE DETACH AND RETURN THIS PETITION WITH YOUR PAYMENT

Mission Hospital

**ST. JOSEPH
HEALTH SYSTEM**

**27700 Medical Center Road
Mission Viejo, CA 92691-9966**

IF YOUR INSURANCE OR ADDRESS HAS CHANGED
PLEASE COMPLETE REVERSE SIDE AND CHECK BOX

CHARGE MY

CARD NO. [REDACTED]

CARD EXPIRATION DATE: _____

CARDHOLDER

NAME:

SIGNATURE:

Amount of payment:

ACCOUNT #: 15249436
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673

**MAKE CHECKS
PAYABLE TO:**

MISSION HOSPITAL REG MEDICAL CTR
Dept LA 21063
Pasadena, CA 91185-1063



Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-909-3447

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 02-03-2004
Subscriber ID :
Group Number :
Subscriber Name : DONALD S FEUER
Patient Name : DONALD S FEUER
Provider Name : MISSION VIEJO EMERGENCY MEDICAL
Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COPAY AMOUNT
01-04-04	ERPHYSICIAN	\$160.00	\$0.00	\$160.00	\$0.00
01-04-04	ERPHYSICIAN	\$26.00	\$26.00 37	\$0.00	\$0.00
01-04-04	PATHOLOGY	\$32.00	\$32.00 49	\$0.00	\$0.00
				\$160.00	\$0.00
		\$218.00	\$58.00		

- Payment Summary -

Billed	:	\$218.00
Nonallowed	:	\$58.00
Allowed	:	\$160.00
Member's Responsibility	:	\$40.00
Coinsurance	:	\$120.00

The member's responsibility is for \$40.00 payable to MISSION VIEJO EMERGENCY MEDICAL. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 37 - The allowable amount for this procedure has been adjusted per Health Net coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 49 - There is no allowance for this procedure under Health Net coding and billing guidelines. The non-allowable amount is not the responsibility of the member.

Remarks: GREG LAMPE

1-04-04 emergency room

Payment(s) Issued To:

Provider : \$120.00

2004-Member Deductible to Date
2004-Family Deductible to Date
2004-Member Coinsurance to Date

*SEE EXPLANATION OF CODES ON REVERSE SIDE

000010000119385642254FLD98924B12457



Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-909-3447

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

DONALD S. FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id :
 Process Date : 04-29-2004
 Subscriber ID : 19254
 Group Number :
 Subscriber Name: DONALD S. FEUER
 Patient Name : DONALD S. FEUER
 Provider Name : BRISTOL PARK MEDICAL GROUP INC.
 Provider ID :

SERVICE DATES FROM/THROUGH	TYPE OF SERVICE	BILLED AMOUNT	NONALLOWED AMOUNT/CODE	ALLOWED AMOUNT	COFAY AMOUNT
04-17-04	PROFSERVICE	\$84.00	\$84.00 3	\$0.00	\$0.00
04-17-04	RADIOLOGY	\$60.00	\$60.00 3	\$0.00	\$0.00
				\$144.00	\$0.00
					\$0.00

- Payment Summary -

Billed	:	\$144.00
Nonallowed	:	\$144.00
Allowed	:	\$0.00
Member's Responsibility	:	\$144.00
Non-Covered Chgs	:	

The member's responsibility is for \$144.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed and Denial Codes/Remarks

3 - Patient was not eligible at the time of service.
 Claim Denied (4500) - Mbrshp terminated prior to date of svce (SEL 2&3)

2004-Member Deductible to Date
 2004-Family Deductible to Date
 2004-Member Coinsurance to Date

Lifetime Paid:

SEE EXPLANATION OF CODES ON REVERSE SIDE



Buchalter Nemer Fields & Younger

A Professional Law Corporation

18400 VON KARMAN AVE., SUITE 600, IRVINE, CALIFORNIA 92612
TELEPHONE (949) 760-1121 / FAX (949) 720-0182File Number: 7/709-0010
Direct Dial Number: (949) 224-6246
E-Mail: kosaki@buchalter.com

July 13, 2004

Don Feuer
10 Via Tunas
San Clemente, CA 92673

Re: Revival of Abandoned Patent Application

Dear Don:

As you may recall, my sister Kari Williamson, a partner at Price Waterhouse Coopers, referred you to this firm in connection with the above-referenced matter. Alan Kindred, a shareholder, in our Los Angeles office told me that he spoke with you regarding your patent application (the "Application") and that he concluded that our firm would not be able to assist you with the revival of the Application.

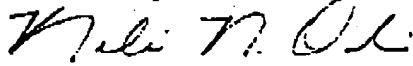
This is to confirm that Alan informed you that: (1) this firm would not be able to represent you in connection with this specific matter as it is outside the firm's areas of practice; and (2) the revival of an abandoned patent application is time sensitive, and you should contact patent counsel who can represent you without delay.

I am sorry that we could not assist you with the Application and hope that we can be of service to you in the future on other matters. To that end, enclosed for your information is our firm's brochure. Please contact me if we can be of any assistance to you in the future. Thank you for your time and consideration.

Very truly yours,

BUCHALTER, NEMER, FIELDS & YOUNGER
A Professional Corporation

By:


Keli N. Osaki

Enclosure

cc: Alan Kindred, Esq. (i/o)



From: Bill Nieman [bnieman@kmob.com]
Sent: Thursday, October 07, 2004 7:59 PM
To: 'Don Feuer'
Subject: RE: patent attorney recommendation

I am out of the office the rest of the week. I'll plan to call you next week. Look forward to talking to you. Bill

-----Original Message-----

From: Don Feuer [mailto:dfeuer@cox.net]
Sent: Thursday, October 07, 2004 1:39 PM
To: bnieman@kmob.com
Subject: FW: patent attorney recommendation

-----Original Message-----

From: Don Feuer [mailto:dfeuer@cox.net]
Sent: Thursday, October 07, 2004 1:35 PM
To: bnieman@kmob.com
Subject: patent attorney recommendation

Dear Bill,

You were recommended to me by Mike Hudgens (our pastor at Vineyard) in regards to a patent that I have pending. You may recall that I was the one who had Crohn's disease which basically put me out of commission for quite a while. I was the one who was healed in the hospital.

I developed some voice over ip applications a number of years back, and am looking for an attorney whom I can work with to both get the patent process rolling again (I had discussed this with the patent office), and also to prosecute the patent as well as to file other patents.

Please call me at 949-279-5290 so that we could potentially get together to discuss these areas.

Sincerely,

Don Feuer

"<KM0B.COM>" made the following annotations.

From: Aaron Barker [abarker@kmob.com]
Sent: Thursday, November 04, 2004 2:08 PM
To: dfeuer@cox.net
Cc: Bill Nieman; Amy Perez
Subject: Contact at Patent Office



USPTO
Contacts.pdf Don,

I look forward to our phone call this afternoon at 4:00.

As you recall, we discussed possibly calling the Patent Office to ask what kind of documentation we would need to provide to revive your application. You gave us with a list of several individuals (see the attached pdf file) at the Patent Office. Is there a particular individual from the attached list that you would like us to contact? It appears that you may have left a message with Shalima Grant. Did this individual ever return your message?

Sincerely,

Aaron D. Barker
Knobbe, Martens, Olson & Bear, LLP
2040 Main Street, 14th Floor
Irvine, California 92614
Main (949) 760-0404
Direct (949) 721-2942
FAX (949) 760-9502
abarker@kmob.com
FEUER.001A

<<USPTO Contacts.pdf>>

"<KMOB.COM>" made the following annotations.

From: Bill Nieman [bnieman@kmob.com]
Sent: Friday, November 05, 2004 5:44 PM
To: dfeuer@cox.net
Subject: Emailing: search_detail.html

Don, one of my partners thought this guy would be a good possibility (I know nothing about him). This same partner was also very complimentary of Ray Hom.

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T.J. Singh
Member
Klein, O'Neill & Singh, LLP
2 Park Plaza, Suite 510
Irvine, California 92614
(Orange Co.)
Telephone: 949-955-1920
Fax: 949-955-1921
Email: [Send an Email](#)

Practice Areas: Intellectual Property

Admitted: 1996, California; registered to practice before U.S. Patent and Trademark Office

Law School: Loyola Law School, J.D., 1996

College: Institute of Technology, B.H.U., India, B.Tech., 1985;
California State University, Long Beach, M.S., 1991

Member: American Intellectual Property Law Association; Orange County Patent Law Association (Director).

Languages: Hindi and Punjabi

Born: Allahabad, India, 1963

ISLN: 913916122

Web Site: <http://www.koslaw.com>

[New Search](#) [Search Results](#) [Previous Listing](#)

From: Bill Nieman [bnieman@kmob.com]
Sent: Friday, November 05, 2004 5:53 PM
To: dfeuer@cox.net
Subject: patent atty
One more name:

Glenn R. Smith
28626 Brookhill Road
Trabuco canyon, Ca 92679

949-709- 7164

I know Glenn personally (nice guy), but have not worked with him. Others speak well of him. He's a solo practitioner (thus, maybe less expensive), an EE, but I think Ray Hom would have the best technical background of those suggested so far. When you decide who you want to start with, let me know and I'll call them to let them know that you'll be calling. Bill

Knobbe, Martens, Olson & Bear, LLP
2040 Main Street, 14th Floor
Irvine, CA 92614
Telephone: 949/760-0404
Fax: 949/760-9502
E-Mail: wnieman@KMOB.com
www.KMOB.com

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From: Aaron Barker [abarker@kmob.com]
Sent: Tuesday, November 16, 2004 4:49 PM
To: 'don feuer'
Cc: Bill Nieman; Amy Perez
Subject: Return of your file

Don,

I understand that you will be having a meeting tomorrow in our building around 2:30 p.m. If you would like, I can return your file to you at that time. Just ask for me at the 14th floor reception area and I will bring you the file.

If this does not work for you, please let me know and we can make other arrangements.

Sincerely,

Aaron D. Barker
Knobbe, Martens, Olson & Bear, LLP
2040 Main Street, 14th Floor
Irvine, California 92614
Main (949) 760-0404
Direct (949) 721-2942
FAX (949) 760-9502
abarker@kmob.com

FEUER.000GEN

"<KMOB.COM>" made the following annotations.

--
PRIVILEGED AND CONFIDENTIAL COMMUNICATION

From: Bill Nieman [bnieman@kmob.com]
Sent: Thursday, December 02, 2004 6:00 PM
To: dfeuer@cox.net
Subject: Emailing: attorneys.html

here is the last name I have. As discussed I do not have a basis for recommending him, but you may want to talk to him. Bill



OUR PERSONNEL

Robert F. Gazdzinski Managing Partner, Gazdzinski & Associates

Mr. Gazdzinski is registered to practice before the U.S. Patent and Trademark Office, and has been admitted to the State Bars of California, New Jersey, and Pennsylvania. He has also been admitted to United States District Courts for the Southern District of California, District of New Jersey, and Eastern District of Pennsylvania.

Mr. Gazdzinski has a Juris Doctor degree from Rutgers University School of Law, a Master of Business Administration (MBA) from University of San Diego, and a Bachelor of Science in Physics from Drexel University. Mr. Gazdzinski has also completed the Naval Nuclear Power Training program (comparable to a Master's degree in nuclear engineering).

Prior to forming his own firm, Mr. Gazdzinski was associated with the law firm of Knobbe, Martens, Olson and Bear in San Diego, CA for several years. While at Knobbe Martens, Mr. Gazdzinski was responsible for domestic and international patent and trademark prosecution for a number of clients, as well as directing two patent evaluation and acquisition projects relating to a wide spectrum of technologies including asynchronous transfer mode (ATM), IEEE 802.3x, IEEE 1149 JTAG, virtual private networking (VPN), speech recognition, IS-95, IS-54/136, GSM/PCS-1900, CDPD, IEEE 802.11 WLAN, FHSS, ITU H.323, MPEG, and digital signal processing (DSP). Mr. Gazdzinski also negotiated and drafted software licenses for a variety of clients.

Before joining Knobbe Martens, Mr. Gazdzinski was an extern with the New Jersey Corporation for Advanced Technology, a senior nuclear engineer with *Ogden Corporation*, a Naval Officer assigned to nuclear submarines and naval intelligence, and a semiconductor research technician with *IBM Corporation* at Brookhaven National Laboratory. Mr. Gazdzinski also worked as an operations assistant at Peach Bottom Atomic Power Station.

Mr. Gazdzinski is sole inventor on five (5) issued U.S. Patents, and several pending applications. He has also published several works relating to intellectual property and various topics relating to nuclear engineering and electrical/electronics component aging, including SAND-96-0344, which is currently used by the U.S. Nuclear Regulatory Commission as a licensing standard for nuclear plant electrical components (see IEEE-Std. 1205-2000). He is also member of the American Intellectual Property Law Association, American Nuclear Society, and other professional organizations.

From: Bill Nieman [bnieman@kmob.com]
Sent: Tuesday, December 28, 2004 1:04 PM
To: 'Don Feuer'
Subject: RE: Emailing: attorneys.html

Subject: RE: Emailing attorney@mlw.com
sorry, I was out yesterday. are you available tomorrow to have lunch with me and my partner, Jerry Sewell (I mentioned to you that he is leaving the firm)?

From: Don Feuer [mailto:dfeuer@cox.net]
Sent: Monday, December 27, 2004 9:06 AM
To: 'Bill Nieman'
Subject: RE: Emailing: attorneys.html

Hey Bill,

Merry Belated Christmas... Would you like to get together today for lunch?

Don

From: Bill Nieman [mailto:bnieman@kmob.com]
Sent: Thursday, December 02, 2004 4:00 PM
To: 'dfeuer@cox.net'
Subject: Emailing: attorneys.html

here is the last name I have. As discussed I do not have a basis for recommending him, but you may want to talk to him. Bill

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUR CLIENTS FIRM PATENTS				LINKS			
<h2>OUR PERSONNEL</h2> <p>Robert F. Gazdzinski Managing Partner, Gazdzinski & Associates</p> <p>Mr. Gazdzinski is registered to practice before the U.S. Patent and Trademark Office, and has been admitted to the State Bars of California, New Jersey, and Pennsylvania. He has also been admitted to United States District Courts for the Southern District of California, District of New Jersey, and Eastern District of Pennsylvania.</p> <p>Mr. Gazdzinski has a Juris Doctor degree from Rutgers University School of Law, a Master of Business Administration (MBA) from University of San Diego, and a Bachelor of Science in Physics from Drexel University. Mr. Gazdzinski has also completed the Naval Nuclear Power Training program (comparable to a Master's degree in nuclear engineering).</p>							

Prior to forming his own firm, Mr. Gazdzinski was associated with the law firm of Knobbe,

From: Robert Gazdzinski [rob@gazpat.com]
Sent: Monday, December 20, 2004 5:29 PM
To: dfeuer@cox.net
Cc: Carrie DeCoro
Subject: FW: recommendation by Bill Nieman

Dear Don:

Thanks for contacting us regarding this matter. Unfortunately, I think we'll have to decline for two reasons; (i) we are completely overloaded and not taking any new clients for the foreseeable future; and (ii) we have done a good deal of VoIP/SIP/H.323 work for various clients to date, and hence it is quite likely that we'd have a subject matter conflict for handling your application.

I'll try asking around to see if I can't come up with a good recommendation for you; however, everyone I know is also blocked up and not taking new clients.

Sorry I can't be of more help. If you have questions, please advise.

Best regards,
Rob

Robert F. Gazdzinski
Gazdzinski & Associates
Intellectual Property Law
The Promontory
11440 West Bernardo Court, Suite 375
San Diego, CA 92127
(858) 675-1670 - Tel
(858) 675-1674 - Fax
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-----Original Message-----

From: Don Feuer [mailto:dfeuer@cox.net]
Sent: Monday, December 20, 2004 12:27 PM
To: ipdomestic@earthlink.net
Subject: recommendation by Bill Nieman

Dear Mr. Gazdzinski,

Bill Nieman from KMOB requested that I contact you regarding a patent that I have pending regarding voip applications. The firm of KMOB ended up having a conflict of interest whereby they had to drop me as a client.

The patent was filed in early 2000 and due to illness was abandoned with cause, thereby it needs to be reactivated with an attorney whom does not have a conflict in this area.

Could you please give me a call at 949-279-5290 to discuss this further?

Sincerely,

Don Feuer

Knobbe Martens Olson & Bear LLP

Intellectual Property Law

2040 Main Street
Fourteenth Floor
Irvine, CA 92614
Tel 949-760-0404
Fax 949-780-9502
www.knob.com

Aaron D. Barker
abarker@knob.com

January 4, 2005
VIA FEDERAL EXPRESS

Donald S. Feuer
10 Via Tunas
San Clemente, CA 92673

Re: Confirmation That We Will NOT Serve as Your Attorney; Return of File
U.S. Patent Application No. 09/479,736
Title: "METHOD AND APPARATUS FOR INTERFACING A PUBLIC SWITCHED NETWORK AND AN INTERNET PROTOCOL NETWORK FOR MULTI-MEDIA COMMUNICATION"
Filed: January 7, 2000

Dear Don:

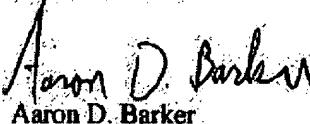
This letter will confirm that the attorneys at the law firm of Knobbe, Martens, Olson & Bear, LLP, will not be representing you. As you discussed with William H. Nieman, we will not be serving as your attorneys because of a potential conflict of interest. Accordingly, we will not be performing any legal work for you.

In our past meetings, we may have discussed some of the facts and issues relating to your current legal issues. You should be careful not to consider anything that we said at those meetings to be our professional legal advice. Competent legal advice can be given only with a full understanding of all of the facts and circumstances. It is impossible for us or any attorney to gain that full understanding in the short meetings that we had. For this reason, you should not make any decisions based upon our brief and incomplete discussions. Instead, we strongly encourage you to seek another attorney to advise you in connection with this matter.

As you have not yet found an attorney to whom we should transfer your file for the above-referenced patent application, we are returning your file directly to you. However, your matter may involve deadlines or statutes of limitation which, if not reviewed thoroughly by an attorney and acted upon, will preclude you from obtaining relief. Thus, we encourage you to seek advice from another attorney immediately to ensure that all applicable deadlines or statutes of limitation are met.

Please sign and return the enclosed copy of this letter acknowledging receipt of this file. If you have any questions, please do not hesitate to contact us.

Very truly yours,



Aaron D. Barker

cc: William H. Nieman
Jayna Cartee, U.S. Patent, Trademark & Copyright Specialist

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010305

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619-235-8550

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415-954-4114

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